

Name
in
Full

Charles Edward Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Highland</u> Town		County <u>Balto</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>22</u>	Years <u>←</u>	Months <u>18</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Cambridge, Md</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>John E. Adams</u>				
Mother's Maiden Name	<u>Abbie V. Cleamer</u>				
Name of person giving Information	<u>John E. Adams</u>				
CAUSES OF DEATH					
Primary	<u>Pneumonia</u>			How long <u>3 weeks</u>	
Immediate	<u>Convulsion</u>			How long <u>a few minutes</u>	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

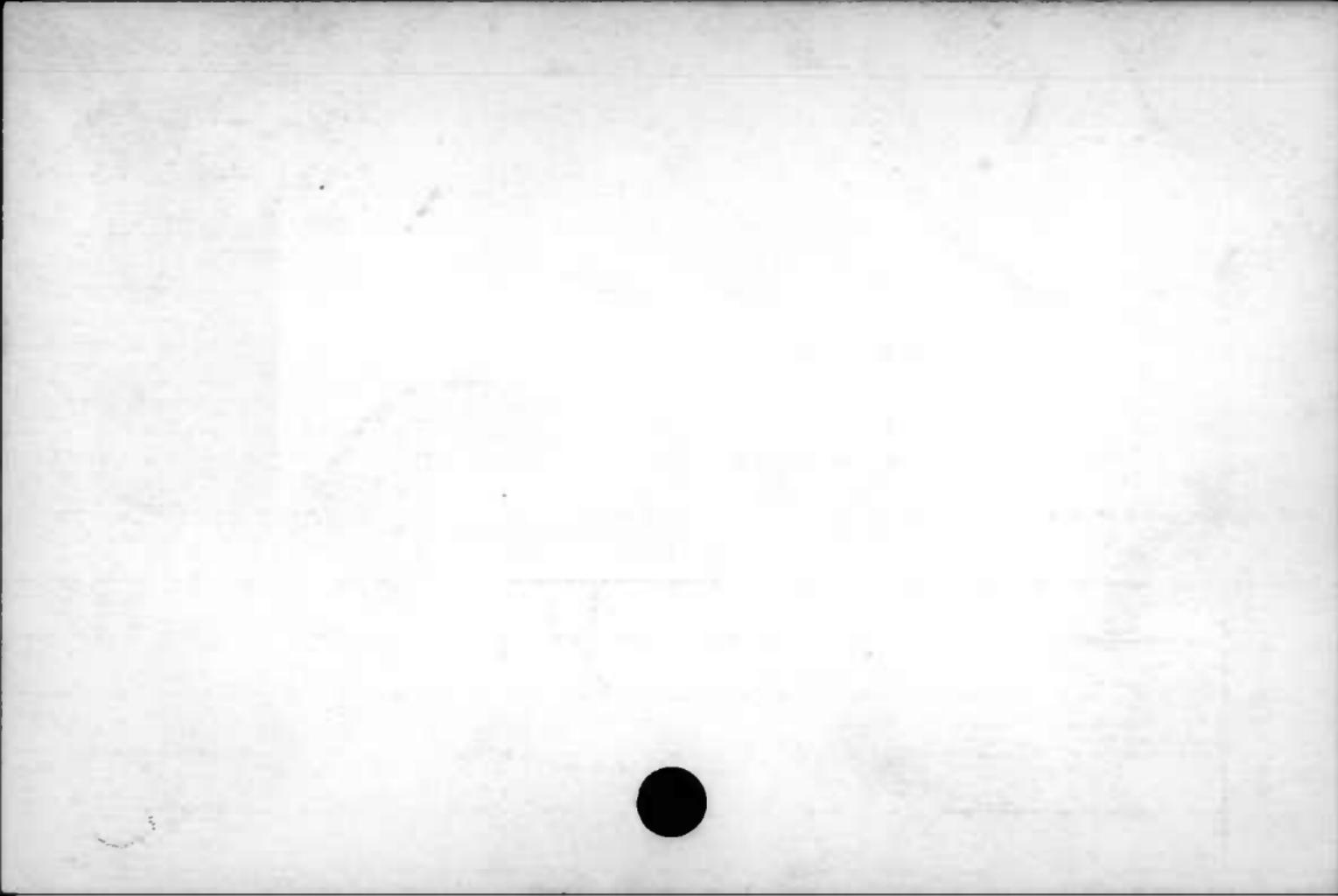
yes

Signature of Physician

Address

F. A. Wagner, M.D.
1133 Valley St

Accident or Suicide?



Name
in
Full

Moses Austin

CERTIFICATE OF DEATH

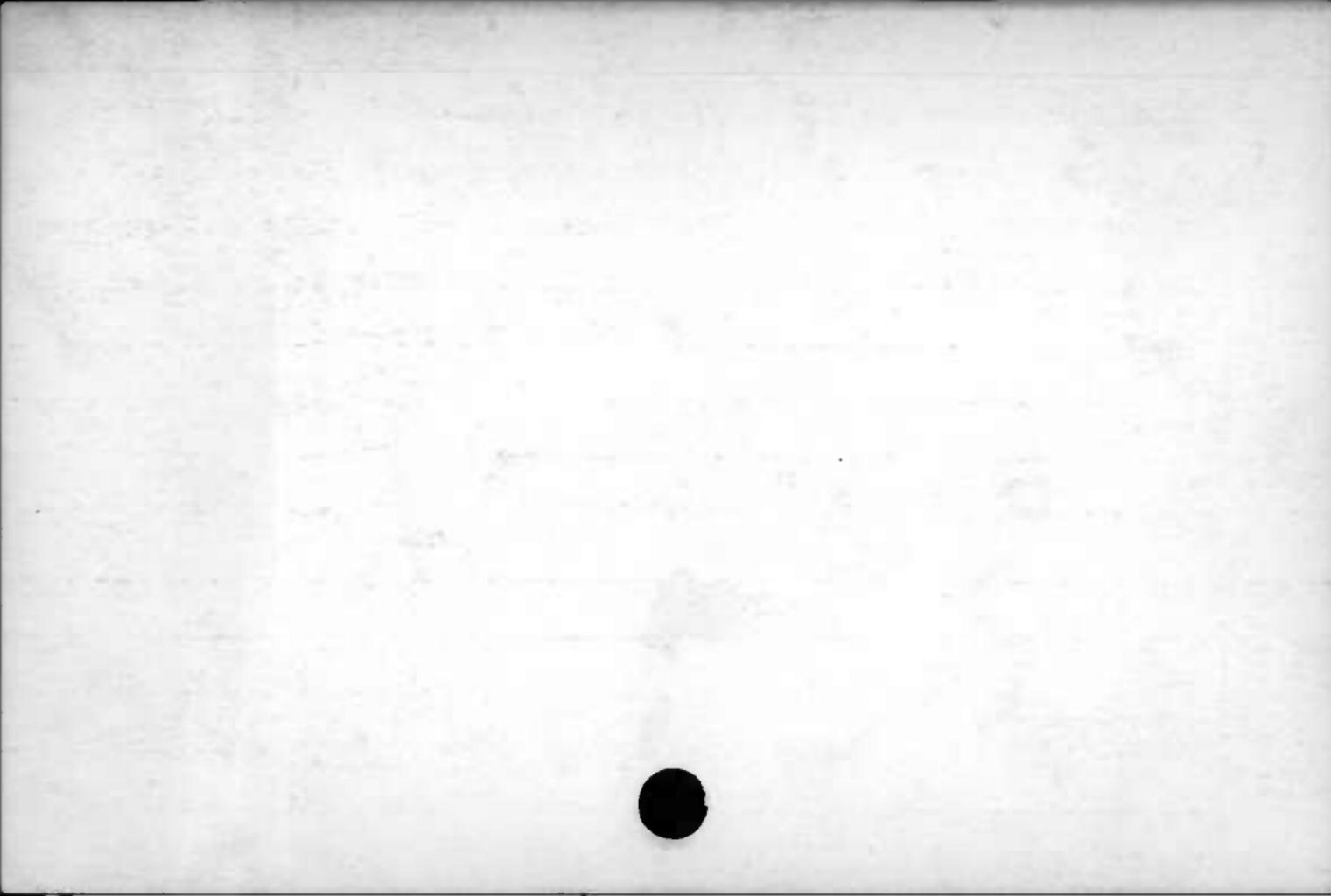
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Catonsville Md	County Baltimore	MARYLAND		
Date of death	Month 1905 Feb	Day 22 nd	Years Age	62	Months Days
Sex	Male	Color or Race	Colored	Birth- place	North Carolina
Occupation	Carpenter.		Where Residing if not at place of death	Catonsville	
Married, Single or Widower	Name of Wife or Husband		Debbie Owens.		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	James Austin		How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Left Hemiplegia	How long	1 yrs
Immediate	Asthma	How long	3 wks.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B. West,
		Address	Catonsville, Md.
Accident or Suicide?			



Name
in
Full

George Henry Barney

CERTIFICATE OF DEATH

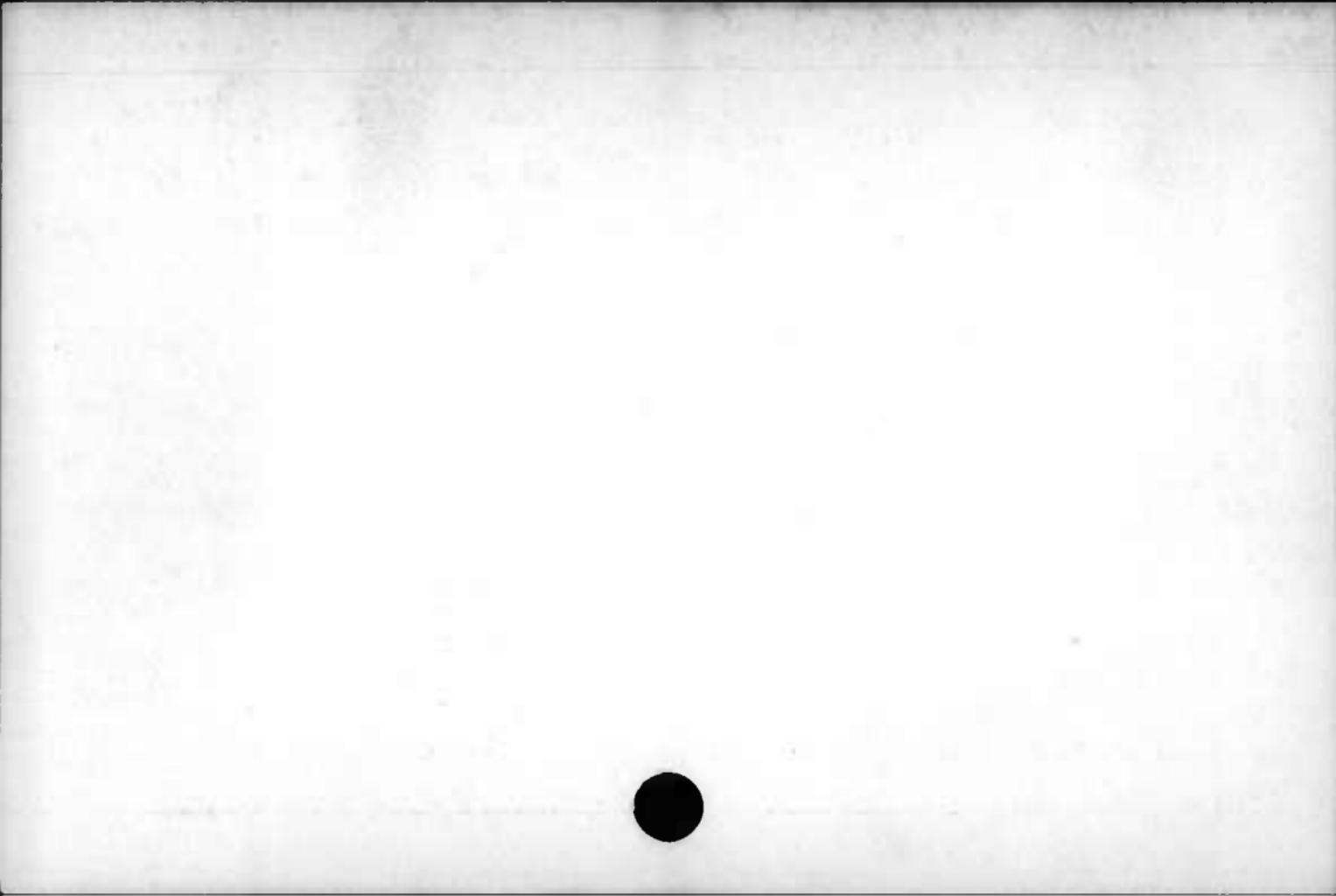
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glyndon</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>28</u>	Age <u>74</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Md</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>勞工</u>					
Name of Wife or Husband <u>Hannah Elizabeth McCormick</u>						
Father's Name <u>John Barney</u>	Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>Elizabeth Bond</u>	Mother's Birthplace <u>—</u>					
Name of person giving Information <u>Hannah E. Barney</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Nephritis & Cardiac trouble</u>	How long <u>One hour</u>
Immediate <u>Convulsions</u>	How long <u>Four days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Rawls Price</u>
	Address <u>Glyndon Md</u>
Accident or Suicide?	



163
CERTIFICATE OF DEATH

To BE ANSWERED BY NEAREST FRIEND	Died at <u>Jenkins</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND	
	Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>4</u>	Years <u>70</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					

Married, Single or Widowed Widow Name of white Husband J. W. Barroll, (deceased)
 Father's Name Mark W. Jenkins Father's Birthplace Balto. Co. Md
 Mother's Maiden Name Ann M. Jenkins Mother's Birthplace " " "
 Name of person giving information Eugene Jenkins How related to deceased Nephew

CAUSES OF DEATH

Primary

Nervous Degeneration

How long

How long

Immediate

Signature of Physician

Address

Dr. Green
Gittings
2nd

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Name
in
Full

Mary E. Bayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u>		Town <u>Baltimore</u> County			MARYLAND	
Date of death <u>1906</u>	Month <u>2</u>	Day <u>5</u>	Age <u>75</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Md.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Towson</u>					
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Thomas Bayne</u>			Father's Birthplace <u>Md.</u>		
Father's Name <u>Joshua S. Wrigley</u>				Mother's Birthplace <u>Penn.</u>		
Mother's Maiden Name <u>Julia A. Webb</u>				How related to deceased <u>Son</u>		
Name of person giving Information <u>Samuel Bayne</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident

How long

1 week

Immediate

Uraemic Taxisemia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. S. Massenburg MD

Address

Towson

Accident or Suicide?

John Burns Sons
Prospect Hill Carr
Towson

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Becker

CERTIFICATE OF DEATH

Died at <u>M. Washington</u>		County <u>Baltimore</u>		MARYLAND		
Date of death 1905	Month <u>Febr.</u>	Day <u>25</u>	Age <u>72</u>	Years	Months <u>3</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Germany</u>				
Married, Single or Widowed	Occupation <u>Married</u>	<u>Gardner</u>				
Name of Wife or Husband	<u>Elizabeth Becker</u>					
Father's Name	<u>Great Becker</u>					
Mother's Maiden Name	<u>Mary. Dringel</u>					
Name of person giving information	<u>Elizabeth Becker</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fracture of skull by limb of tree.

How long

Immediate

Hemorrhage on the brain.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. Washington

Accident or Suicide?

H. Holliday Smith - Esq.

W. J. Schilling
58. Poppleton St.
Jerusalem Church. Gardenville, Wyo
Feb 28/05

Name
in
Full

Befug, Mary.

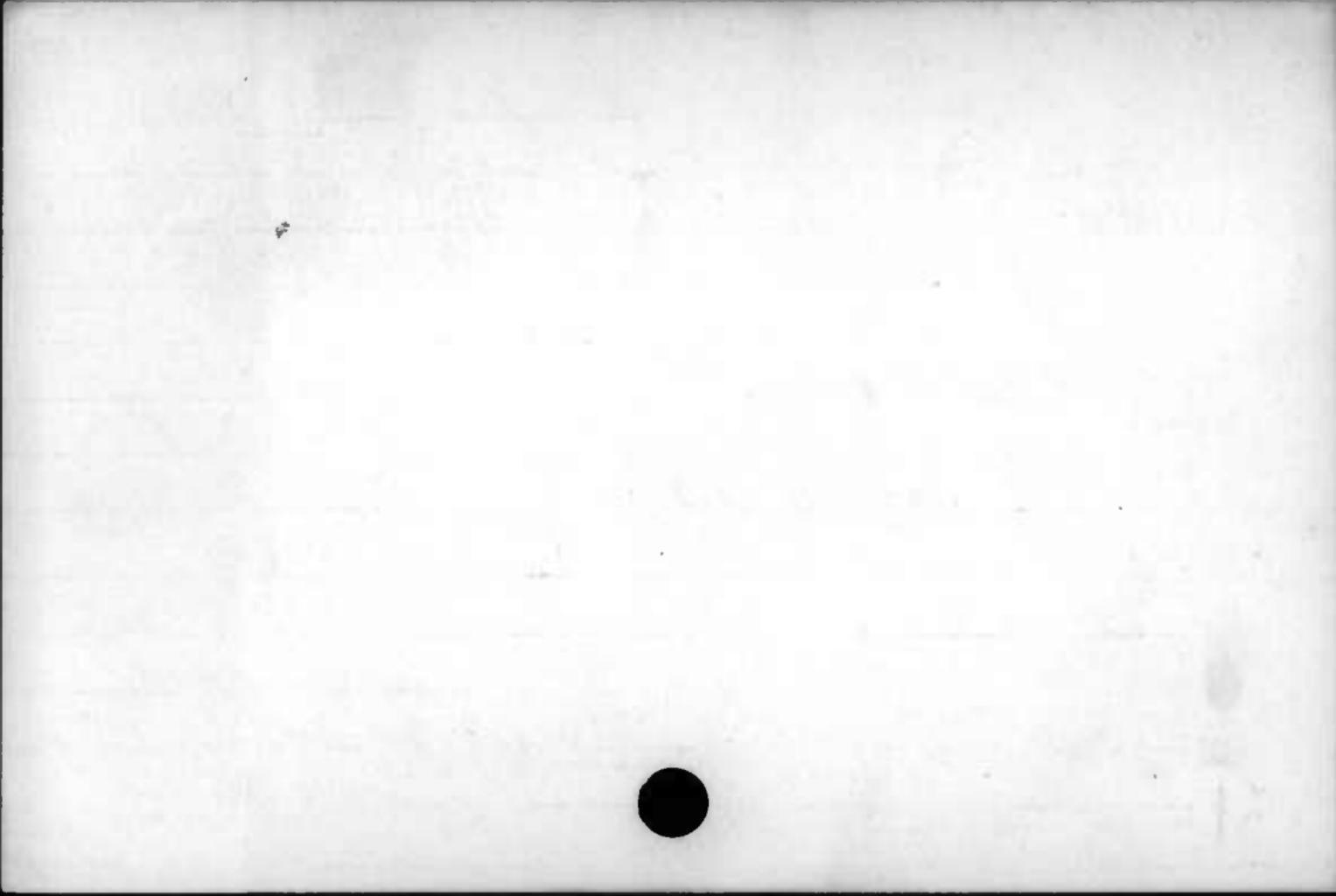
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Calaisville	County Pulaski	MARYLAND	
Date of death	1905	Month Feb	Day 17	Age 42 Years
Sex	Female	Color or Race	white	Months . Days
Occupation	None			Birth-place Russia.
Married, Single or Widowed	X			Where Residing if not at place of death X
Father's Name	X			Father's Birthplace X
Mother's Maiden Name	X			Mother's Birthplace X
Name of person giving Information	X			How related to deceased X

CAUSES OF DEATH

Primary	Dementia		How long	5 yrs.
Immediate	Auric Intestinal Reflux		How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Percy Wall	
		Address	Calaisville, Md.	
Accident or Suicide?	No			



Name
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Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

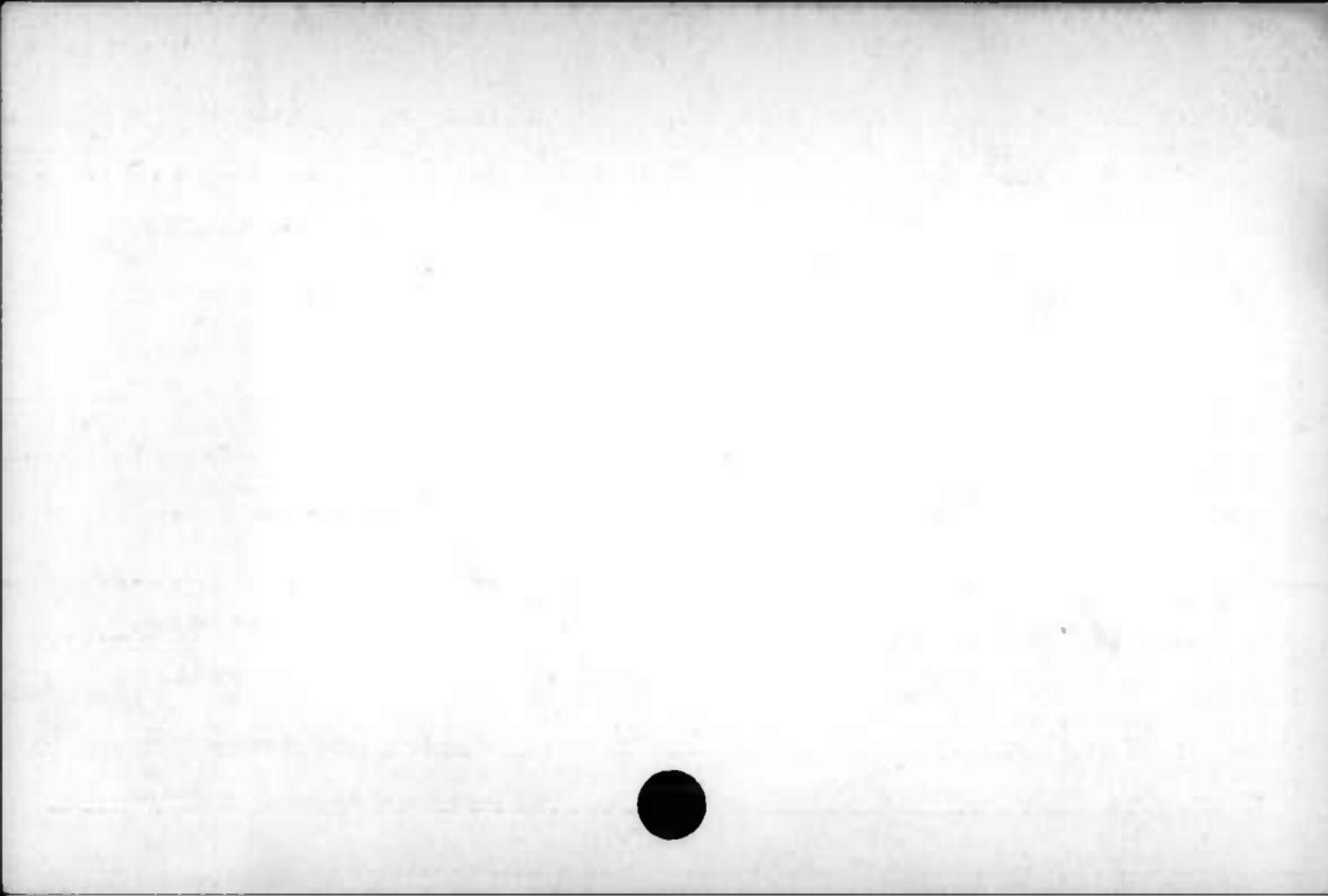
John E. Bell

CERTIFICATE OF DEATH

Died at <u>Parkton</u>			County, <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>2</u>	Day <u>2</u>	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Parkton Md.</u>			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	<u>John E. Bell</u>			Father's Birthplace	<u>Baltimore</u>	
Mother's Maiden Name	<u>Corra A. Knight</u>			Mother's Birthplace	<u>Union Bridge Md.</u>	
Name of person giving Information	<u>Corra A. Bell</u>			How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

Primary	<u>Premature birth</u> ✓		How long <u>occurring at 6 mos</u>
Immediate	<u>asphyxia</u>		How long <u>1/2 day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J.A. Mitchell</u>	Address <u>Parkton Md.</u>
Accident or Suicide?		✓	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town Hebbville	County Baltimore	
Date of death 1905	Month 2	Day 21	Years 35
Sex Male	Color or Race white	Birth- place Frederick Co.	Months 3
Occupation Farming	Where Residing if not at place of death		
Married, Single or Widowed Single	Name or Wife or Husband	Father's Name Reziz Bennett	Father's Birthplace Montgomery
Mother's Maiden Name Eleanor Hobbs		Mother's Birthplace Montgomery Co.	
Name of person giving Information Dorcas Bennett		How related to deceased sister	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Suffusinga	XO	How long 1 week
	Immediate Tuber Cnemonea		How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. C. Simms	
In		Address Woodlawn Sta	Md
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

David Dillingslea

CERTIFICATE OF DEATH

MARYLAND

Died at Perry Hall

Date of death 1905 Month Feb. Day 16

County Balt.

Years 47

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Kingsville
Md.

Occupation

Carpenter

Where Residing if not
at place of death

Perry Hall

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mattie Street

Father's
Birthplace

Father's
Name

Samuel Dillingslea

Balt. C.

Mother's
Maiden Name

Elizabeth Hale

Balt. C.

Name of person giving
Information

wife

How related
to deceased

wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

✓

Immediate

✓

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. J. Harrison
Loch Raven, Md.
Rev J. F. H. Gorsuch

Accident or Suicide?

This card was
issued to disinter
the body of deceased

J. F. F. H. Gorsuch M.D.

Reg. 11 - Dist. Balt Co. Md.

May 1905.

Name
in
Full

David Gittings Billingsley

CERTIFICATE OF DEATH

1967
TO BE ANSWERED BY
NEAREST FRIEND

Died at

Perry Hall

Town

County

MARYLAND

Date
of death

1905

Month

February

Day

16th

Years

Age 47

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore, Md.

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Katherine Street.

Father's
Name

Samuel Billingsley

Father's
Birthplace

Long Green

Mother's
Maiden Name

Elizabeth Haile

Mother's
Birthplace

Long Green

Name of person giving
Information

Mrs. D. Billingsley

How related
to deceased

wife.

CAUSES OF DEATH

Primary

How long

Immediate

Pneumonia.

13

How long

8 days.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

H. J. Harrison.

Loch Raven.

Accident or Suicide?

Waugh Chappel.

Infant Margaret E Boughter

Town

or

County

Died at Lawrenceville Harford Road Baltimore Co

MARYLAND

Died at	Month	Day	X M D.	Native of	Occupation
1905	February	5			
Male	White	Age	Two Hours	Infant	
Female	Colored	Married	Widow	Divorced	
		Single	Widower	Number of children living	

Husband of	
Wife	

Father's Name	Edwin Boughter	Mother's Name	Alice Boughter
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Cause of Death	Primary	Exhausted in Birth	How long sick
	Immediate	Exhaustion	Two hours

			Accident, Suicide, Homicide
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Reported by	A. Young. Westbrook, M.D.
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Address	237 Gores Avenue [REDACTED] Baltimore Md. ✓
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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Jane E. Bowen</i>				164 CERTIFICATE OF DEATH			
Died at <i>Hingsville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>13</i>	Age <i>57 -</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>				Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Benj. Bowen</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Benj. Bowen</i>				Father's Birthplace		
Father's Name <i>—</i>	Mother's Maiden Name <i>—</i>				Mother's Birthplace		
Name of person giving information <i>Benj. Bowen</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

Primary *Malignant disease of stomach* How long *6 months*

Immediate *General failure* How long *a few weeks*

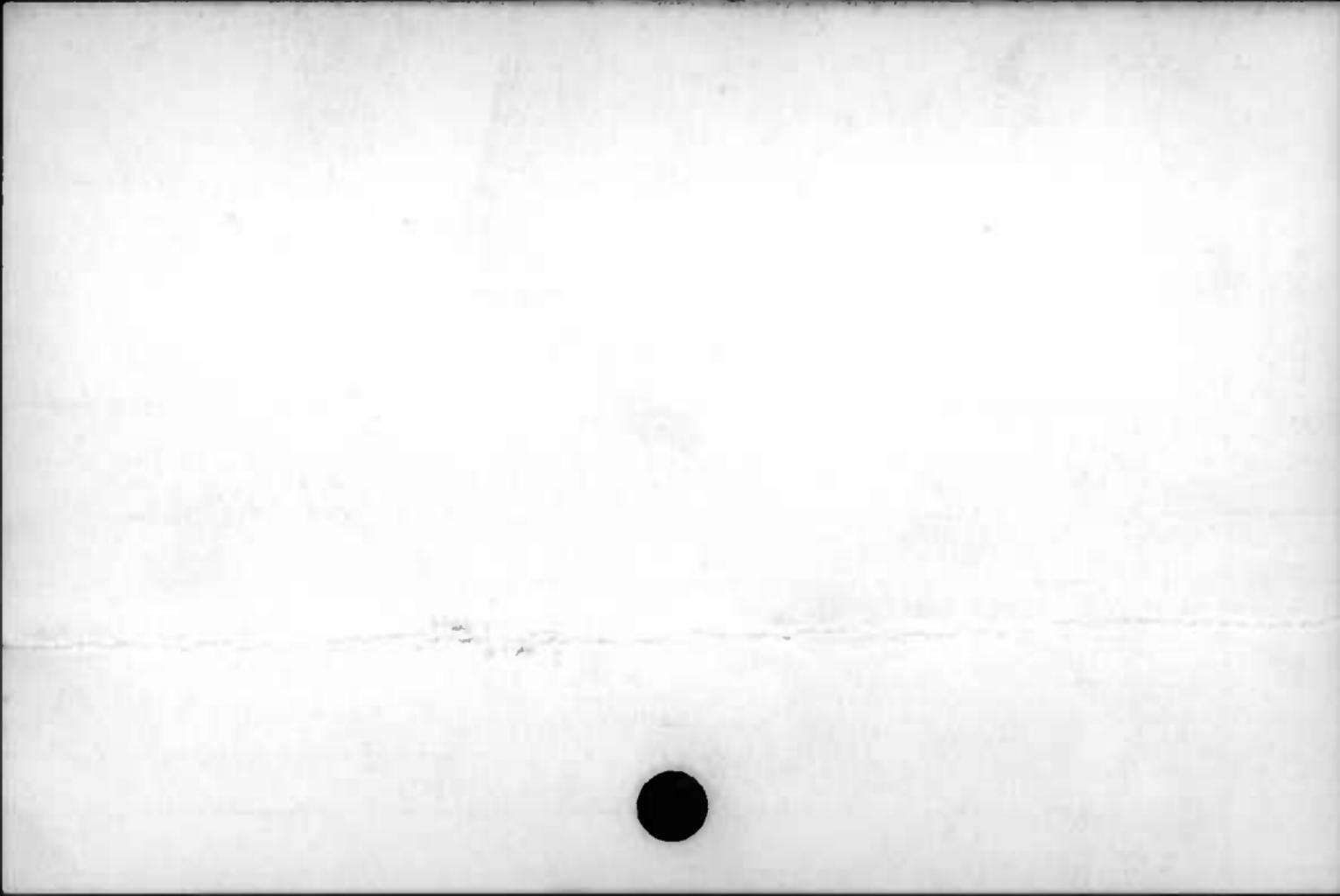
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician *W. H. Reper*

Address *Lawrenceville Md*

Accident or Suicide? *No*



Name
in
Full

Lucy Anna Boyers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Feb.	Day 8	Age 28	Years	Months 1
Sex Female	Color or Race white	Occupation	Birth-place	Days 2	
Married, Single or Widowed	Single	Name			
Name of Wife or Husband					
Father's Name	Samuel Boyers				
Mother's Maiden Name	Emma Sheffer				
Name of person giving information	Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Blood Boisening

How long

One week

Immediate

Diphtheria

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. R. Albangh,

Address

Blen Rock,
R. S. D. I. P. A.

Accident or Suicide?



Name
in
Full

Bessie E. Bright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Washington</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>14</u>	Years <u>102</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Married, Single or Widowed <u>Widowed</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Richard Bright</u>					
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Das. Bright</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senile Pneumonia</u>	How long <u>Two weeks</u>
Immediate <u>Exhaustion</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C H Beeton</u>
	Address <u>300 W Washington</u>
Accident or Suicide?	

Interment at
McKendree Cemetery
Balld. Co.

Co.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

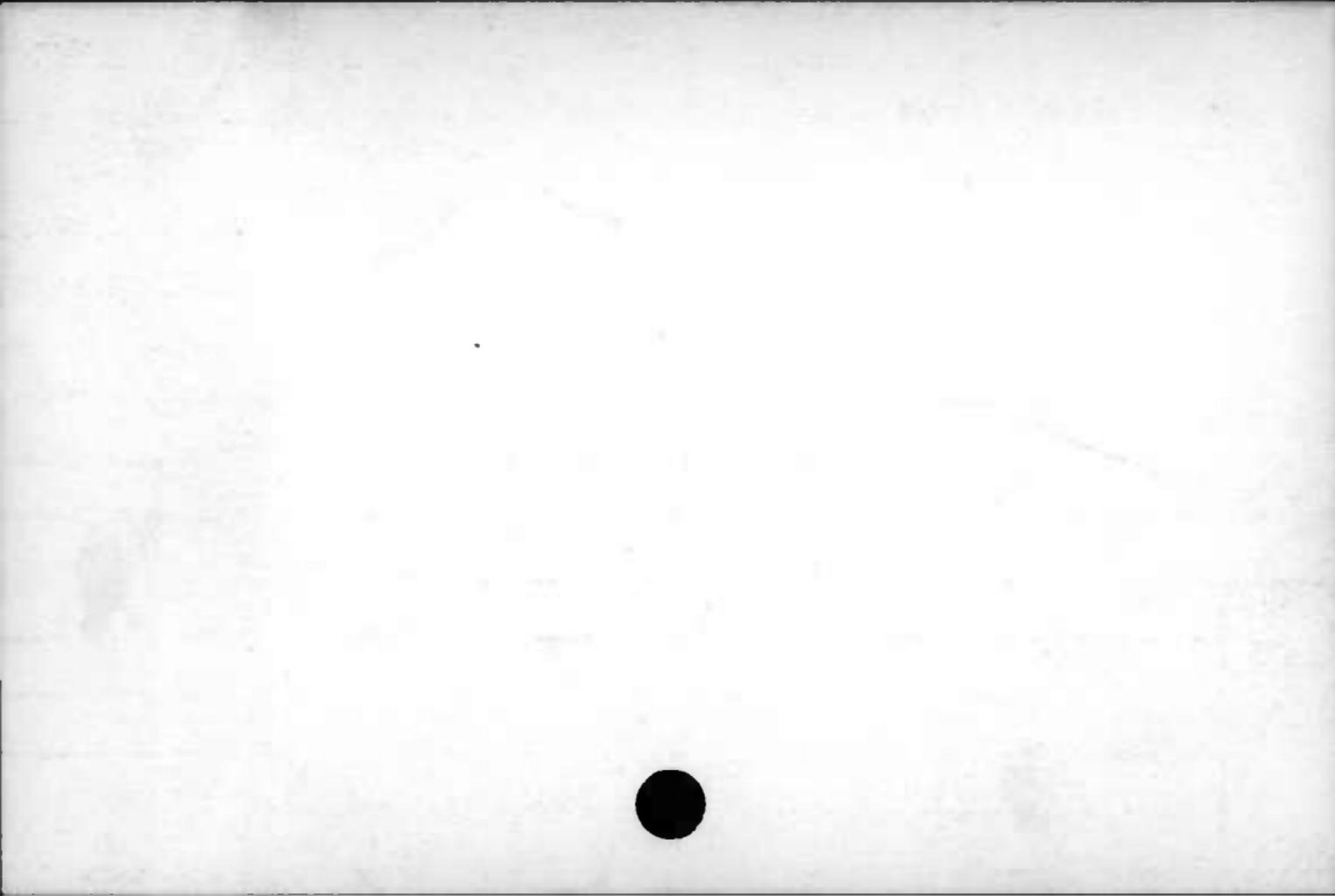
PHYSICIAN
OR CORONER

Robert Brown

CERTIFICATE OF DEATH				
MARYLAND				
Died at	<u>Catonsville</u> <small>town</small>	<u>Baltimore</u> <small>County</small>		
Date of death	1905	Month Feb.	Day 11	Years 6 mo. 11 da.
Sex	male.	Color or Race	Colored	Birth-place New Jersey
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Bessie E. Brown	
Father's Name	Robert Brown			Father's Birthplace Harford Co.
Mother's Maiden Name	Bessie E. Henson			Mother's Birthplace Catonsville
Name of person giving information	Bessie E. Brown			How related to deceased Mother.

CAUSES OF DEATH

Primary	Pneumonia	93	How long 1 week
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Robert W. Maufeld	
	Address	Baltimore	
Accident or Suicide?		Dad	



Name
In
Full

Nathan Bruce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days		
Sex	Male	Color or Race	colored		Birth-place	Ave. Reyes		
Occupation	—		Where Residing if not at place of death		—			
Married, Single or Widowed	Single	Name of Wife or Husband	—		—			
Father's Name	Harry McC. Bruce			Father's Birthplace	Baltimore Co. Md.			
Mother's Maiden Name	Cannie M. P. Faunce,			Mother's Birthplace	Covello, Md.			
Name of person giving information	Harry Bruce			How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asphyxia.		15	How long	life	
Immediate	"		15	How long	..	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	R.B. Nomine M.D.		
			Address	3543 Chestnut St. Br		
Accident or Suicide?			Baltimore Md			

W. J. Schilling
58 Poppleton St.
Balb City

St. John. Barr still
Feb. 16/05

Elizabeth Combsy

Died at Texs Town Baltimore County MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
<u>05</u>	<u>Feb</u>	<u>18</u>	<u>76</u>			<u>Germany</u>	—
Female	White	Married	Widow	Divorced			
	<u>Colored</u>	<u>Single</u>	<u>Widower</u>			Number of children living	

Husband of Joseph Combsy
 Wife of Joseph Combsy
 Father's Name James Combsy Mother's Name Anna Scaini
 Maiden Name Anna Scaini
 Cause of Death Primary Lad Grippe ✓ 1 week
Immediate Cholocistitis ✓
Dilatation of Heart ✓
How long sick 1 week
Accident, Suicide, Homicide

Reported by

Address



B. T. Bury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1860
to
John
Emerson
of
Concord

Name
in
Full

Alexandria Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Onions Mills	Baltimore	Months	Days	
Date of death	1905	Month	Day	Years	
	July	26		66	
Sex	Male	Color or Race	Black	Birth-place	Maryland
Occupation	Laborer				
Where Residing if not at place of death					
Married, Single or Widowed	Name or Wife or Husband		Francis Campbell		
Married	Francis				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	J. Cooke				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	From Mouth
Immediate	Exhaustion & Suffocation.		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	J. W. W. Ward, M.D.
			Address	Harrisonville Md.
Accident or Suicide?				



Mary a Gary

CERTIFICATE OF DEATH

Died at <u>Minesville</u>		<u>Town</u>	<u>Baldo</u>	<u>County</u>	<u>MARYLAND</u>		
Date of death <u>1905</u>	Month <u>January</u>	Day <u>3</u>	Years <u>44</u>	Age <u>44</u>	Months <u>7</u>	Days <u>15</u>	
Sex <u>female</u>	Color or Race <u>White</u>				Birth-place <u>Baldo</u>		
Occupation <u>seamstress</u>	Where Residing if not at place of death			<u>Minesville</u>			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Edward Gary</u>				Father's Birthplace <u>Orlando</u>			
Mother's Maiden Name <u>Johnina Agnew</u>				Mother's Birthplace <u>Orlando</u>			
Name of person giving information <u>Bridget a Reddish</u>				How related to deceased <u>sister</u>			

CAUSES OF DEATH

Primary <u>tripe</u>	<u>BS</u>	How long
Immediate <u>Pneumonia</u>	<u>BS</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>W.B. Hale</u>
		Address <u>717 Main</u>
Accident or Suicide?	<u>✓</u>	

St Peter's
7. & Krause Hr.

Name
in
Full

Francis Cavanaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	5	Month Feb.	Day 6	Years 7	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md.	
Married, Single or Widowed	Single		Occupation	None		
Name of Wife or Husband						
Father's Name	James J. Cavanaugh			Father's Birthplace	N. Y.	
Mother's Maiden Name	Elma E. Gray			Mother's Birthplace	Md	
Name of person giving information	James J. Cavanaugh			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Abscess of Antrum		How long	10 days
Immediate	Toxemia		How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. J. McAvoy, M.D.	
		Address	834 S. Caulk St.	
Accident or Suicide?				

Crowley Bros

New cathedral Crowley

Name
in
Full

Chilcoat Oliver Bulle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Calaisville	County Bulle	MARYLAND	
Date of death	Month 1905 Feb	Day 25	Years 79	Months Days
Sex	Male	Color or Race white	Birth- place Md	
Occupation	Laborer		Where Residing if not at place of death	<input checked="" type="checkbox"/>
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Oliver Chilcoat		Father's Birthplace Md	
Mother's Maiden Name	<input checked="" type="checkbox"/>		Mother's Birthplace	<input checked="" type="checkbox"/>
Name of person giving Information	<input checked="" type="checkbox"/>		How related to deceased	<input checked="" type="checkbox"/>

~~101~~

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Epileptic Insanity		How long 20 yrs.
Immediate	Status Epilepticus		How long 24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Percy Nade	
No		Address Calaisville, Md	

W. Q. Brooks. Philobolis Md
Feb 26-05

to Bosley. C. L. Texas Sta
Balto Co Md

Caroline Christopher
Town County

Died at

Carney Baltimore MARYLAND

	Month	Day	Y.	M.	Dr.	Native of	Occupation
Date 1905	Feby.	14 th					
Male	White		Married			Widow	Divorced
Female	Colored		Single			Widower	Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Primary

Immediate

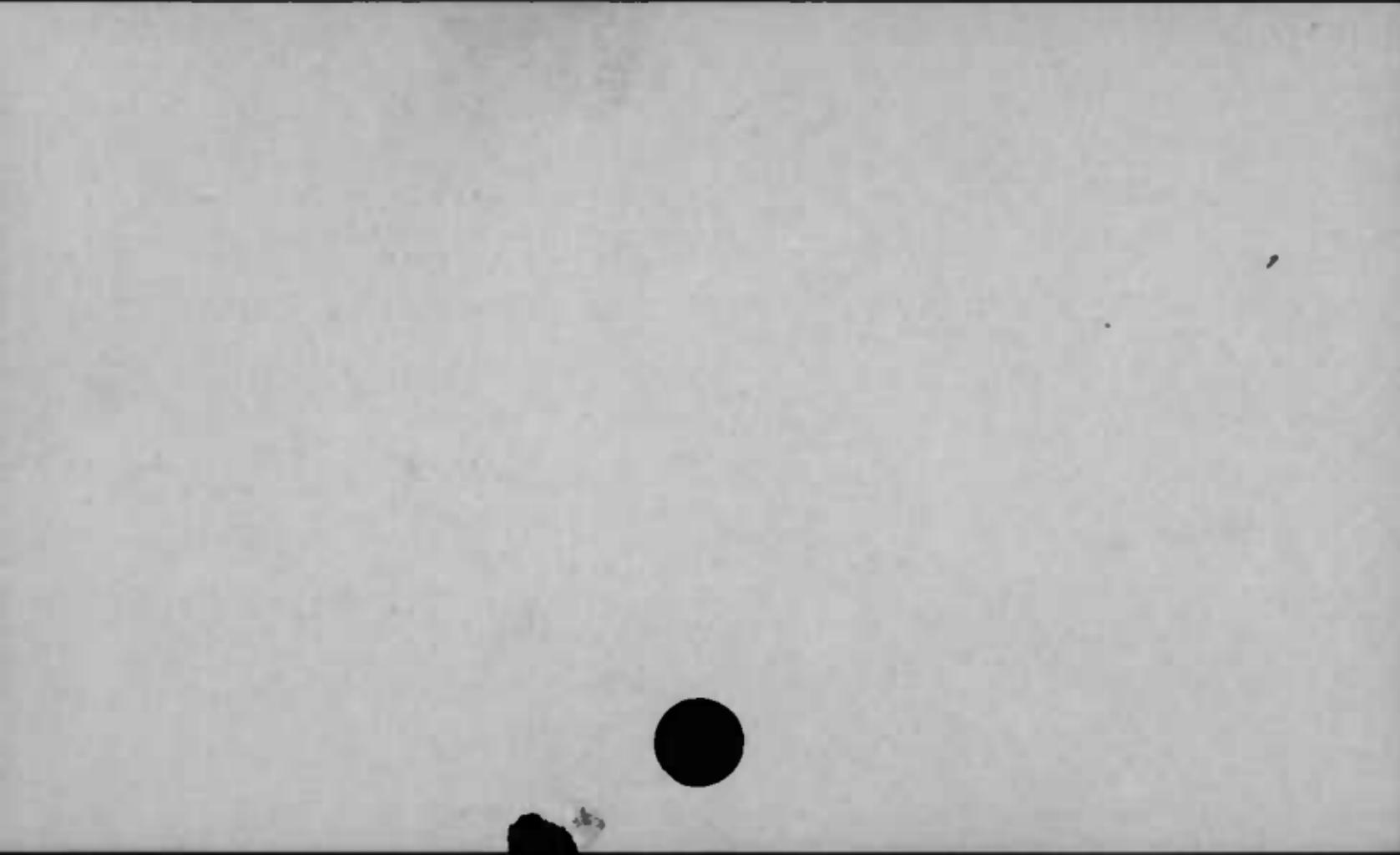
Pneumonia

Caroline Christopher

M. J. Harrison

Footh Raven ✓

Must be signed by physician, if any in attendance, otherwise by coroner, under ~~or~~ or minister.



Name
in
Full

Lester Clairy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death 190	5	Month	Day	Months	Days
Age	Years		3	3	-
Sex	Male	Color or Race	white	Birth-place	Baltimore Md
Married, Single or Widowed	single		Occupation	<input checked="" type="checkbox"/>	
Name of Wife or Husband	<input checked="" type="checkbox"/>				
Father's Name	Henry Clairy		Father's Birthplace	Baltimore	
Mother's Maiden Name	Emma Hoffman		Mother's Birthplace	" Mother	
Name of person giving information	Emma "		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia Bronchitis	How long	3 wks
Immediate	Emphysema	How long	4 "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. S. H. Kiffen M.D.
		Address	Morell P.R. Baltimore Md
Accident or Suicide?	<input checked="" type="checkbox"/>		

Paulus McCormick

Winifred L. Warren Cowell

CERTIFICATE OF DEATH

Died at <u>Woodlawn</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1905 - Feb</u>	Month <u>Feb</u>	Day <u>17th</u>	Years <u>78</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Md</u>			
Occupation <u>Labour</u>		Where Residing if not at place of death <u>Woodlawn Md</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wm. Cowell</u>				
Father's Name	Father's Birthplace <u>—</u>				
Mother's Maiden Name	Mother's Birthplace <u>—</u>				
Name of person giving Information <u>Frank Gill</u>	How related to deceased <u>Friend</u>				

CAUSES OF DEATH

Primary <u>Labor Complications</u>	<u>93</u>	How long <u>1 week</u>
Immediate <u>Cardiac Insufficiency</u>		How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. C. Smith</u>
Yes		Address <u>Woodlawn Sta</u>
Accident or Suicide?		<u>Not</u>

Amelia Thomas Powell

burial Western Cem

Job Book

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John G. Creaghan

Town

Harrisonville

County

Ballo

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Feb.

Day

16

Years

1

Months

1

Days

6

Date
of death

1905

Color or
Race

White

Birth-
place

Maryland

Sex

Male

Where Residing if not
at place of death

Occupation

—

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John G. Creaghan

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary E Allen

Md.

Name of person giving
Information

John G. Creaghan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Suffocation

How long

2 hrs.

Are the name, age, sex, child, date
and place correctly given above?

yes.

Signature of
Physician

Address

W. H. Ward

Harrisonville

Md.

Accident or Suicide?



Name
in
Full

William C. Crook

CERTIFICATE OF DEATH

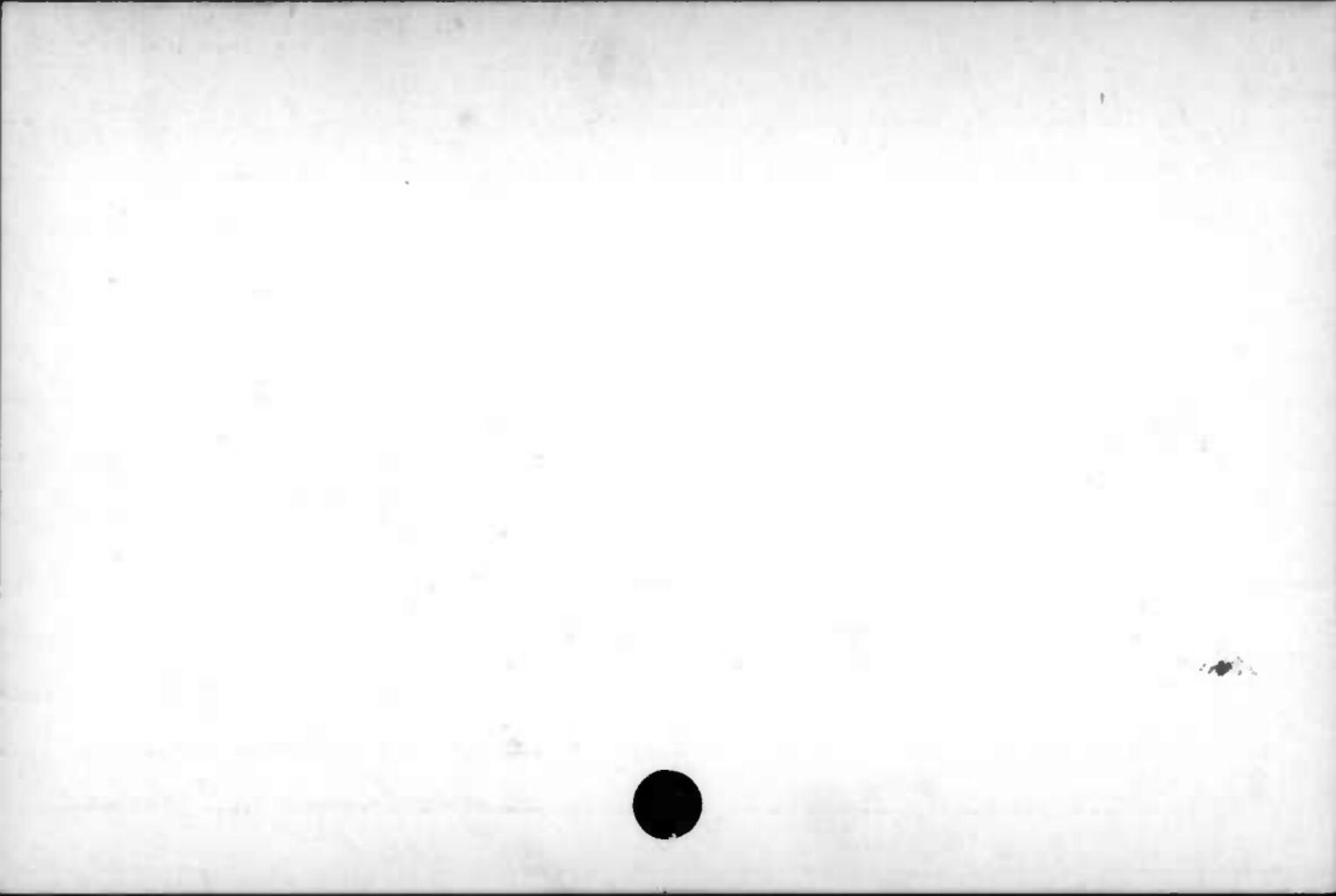
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Deer Park</u>		<u>Baltimore</u> County			MARYLAND	
Date of death <u>1905</u>	Month <u>2</u>	Day <u>7</u>	Years <u>—</u>	Age <u>—</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Co.</u>				
Married, Single or Widowed <u>Single</u>	Occupation <u>—</u>					
Name of Wife or Husband <u>—</u>						
Father's Name <u>Henry W. Crook</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>George Collision</u>	Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Henry W. Crook</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	<u>10</u>	How long <u>about one month</u>
Immediate <u>"</u>		How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W.C. Crook</i>	Address <i>Residence</i>
Accident or Suicide?		



Name
in
Full

Edna B. Daelle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Feb	3	2		29
Sex	Female	Color or Race	White	Birth-place	Balto. Co.
Occupation	Child	Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Daelle	Father's Birthplace	Baltimore		
Mother's Maiden Name	Sophia Hain	Mother's Birthplace	Germany		
Name of person giving information	John Daelle	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gastro Enteritis* ✓ How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. B. B. Tracy
2 Hudson St Eng

Accident or Suicide?

J. Herring from
St. Matthews Cemetery

Name
in
Full

Amelia G. Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Feb.	17.	48	3.	~	
Sex	Female	Color or Race	white	Birth-place	Md..	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	Dickiesville			
Father's Name	Robert White		Father's Birthplace	Md..		
Mother's Maiden Name	Sarah Parker		Mother's Birthplace	Md..		
Name of person giving Information	Robert White		How related to deceased	Father		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Lungmous Tuberculosis		How long	1 year
Immediate	Emphysema		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. C. Sniff	
Yes		Address	Woodlawn Sta Md	
Accident or Suicide?				

Ward Chapel

Jos. B. Cook

Name
in
Full

Thomos Diggs

CERTIFICATE OF DEATH

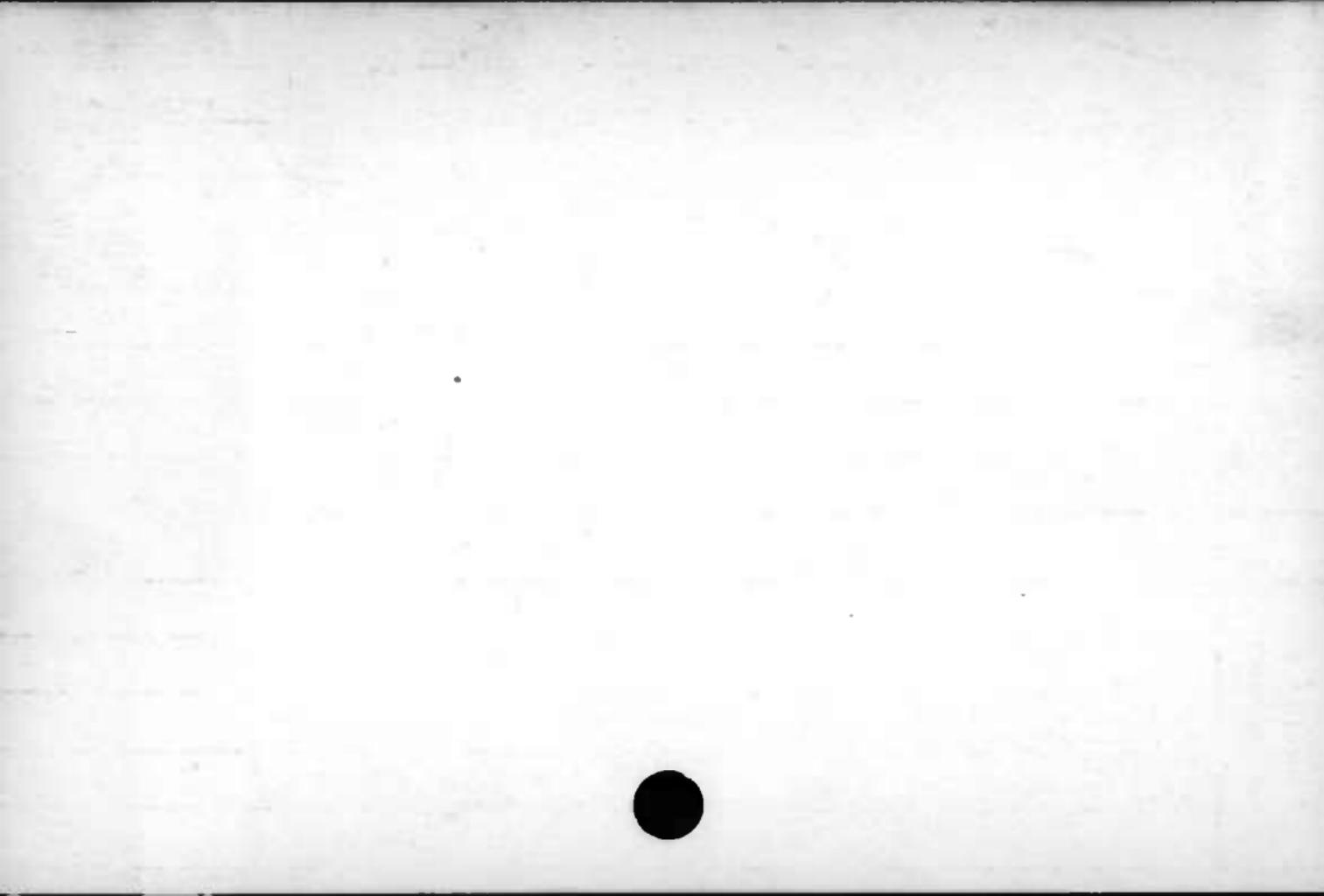
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Feby	14 th	54			
Sex	Male	Color or Race	Col -	Birth-place	Va	
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Daffuey Diggs			
Father's Name	Barney Diggs		Father's Birthplace	Va		
Mother's Maiden Name	Unknown		Mother's Birthplace			
Name of person giving information	Daffuey Diggs		How related to deceased	Wife		

CAUSES OF DEATH

Primary	Crown Nephritis		How long	2 years
Immediate	Meningic Conv.		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. V. Alley -	
		Address	12 Hudson	
Accident or Suicide?	-			



Name
in
Full

Patrick Dagan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Pikesville		Baltimore				
Date of death 190	5	Month Feb 28	Day 28	Years 84	Months	Days
Sex	male	Color or Race	white	Birth-place	Ireland	
Married, Single or Widowed	Widower		Occupation	Laborer		
Name of Wife or Husband						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					
CAUSES OF DEATH						
Primary	Boonchiki			How long		swallow
Immediate	" 11			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	W. E. Myer		
			Address	Pikesville Md.		
Accident or Suicide? <input checked="" type="checkbox"/>						

PHYSICIAN
OR CORONER

Name
in
Full

S. E. Dyott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Days
1905	Feb	26	77
Sex	Male	Color or Race	white
Occupation	Retired Merchant	Where Residing if not at place of death	at place of death
Widowed	Name of Wife or Husband		
Father's Name	Samuel Edwin Dyott	Father's Birthplace	M d
Mother's Maiden Name	unknown	Mother's Birthplace	M d
Name of person giving information	Wm E. Dyott	How related to deceased	son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	No	

Permit for
Loudon Park Cemetery
Feb 28/95 -

William Cook.

Mr H. Taylor

Name
in
Full

Hattie L. Eiler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Baltimore

Date
of death

1905 Feb

Month
Day

21st

Years

52

Age

Months

6 21

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore city

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Wm L. T. Eiler

Father's
Name

George Threlkeld

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Catherine Eiler

Mother's
Birthplace

Baltimore

Name of person giving
Information

Wm L. T. Eiler

How related
to deceased

Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

Six Months

Immediate

u

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Bororow

Yes

Fred L. Pfeffer
1218 First Baltimore Board

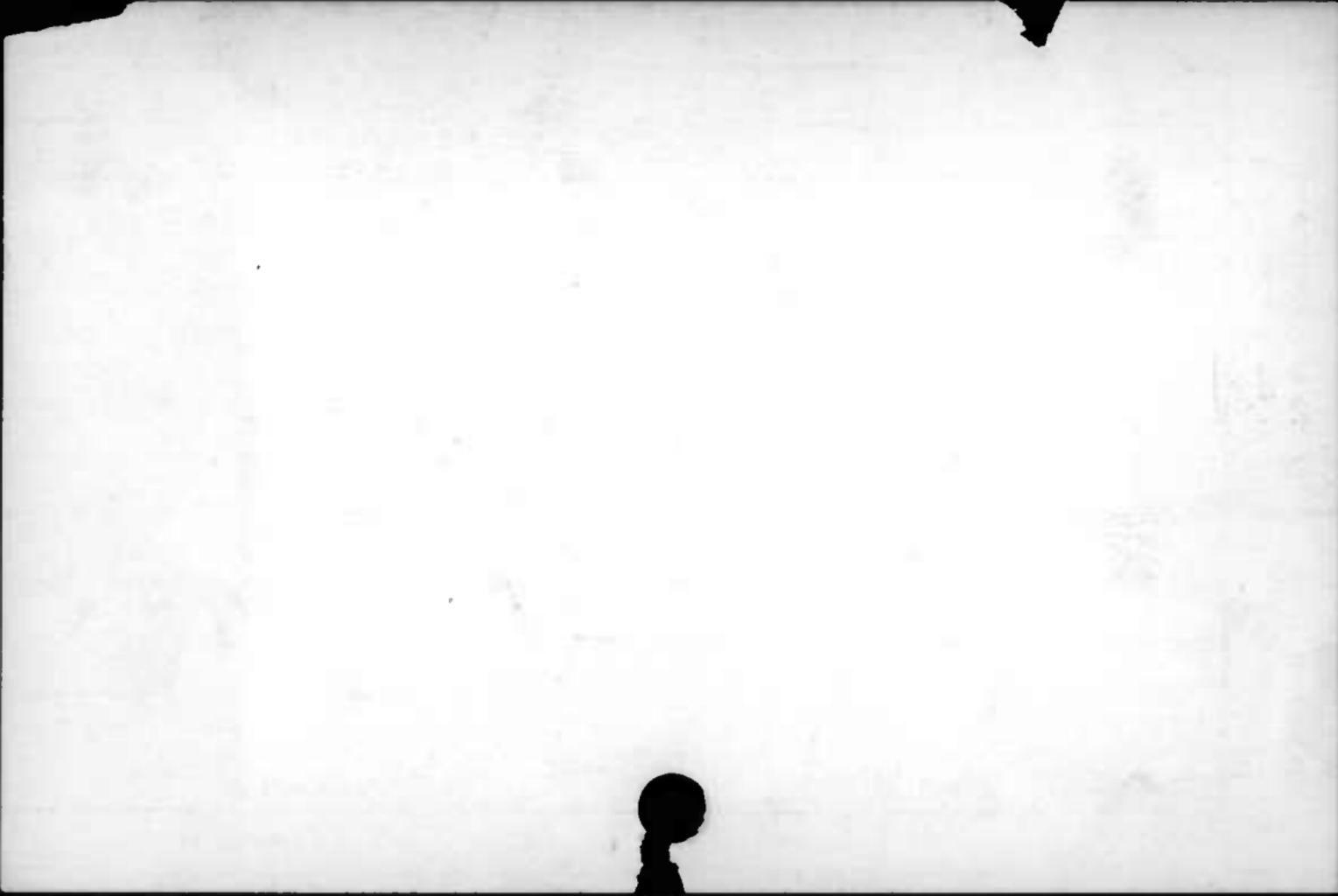
Accident or Suicide

Oak Park Cemetery
Bardwick.

Mary Filioux				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	2	9	56	56	—	—	
Sex	Female	Color or Race	White		Birth-place	Germany	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife Husband	William C. Filioux				
Father's Name	John Stilberg		Father's Birthplace			Germany	
Mother's Maiden Name	Not Known		Mother's Birthplace			Germany	
Name of person giving Information	William C. Filioux		How related to deceased			Husband	

CAUSES OF DEATH

Primary	Cause 1: Asthma.	How long	1 year
Immediate	Cause 2: Chronic Paroxysmal Tympanitis	How long	one-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Joe L. Quigley
		Address	3 and George Street and Avenue.
Accident or Suicide?			



Name
in
Full

Mary A Fischer

CERTIFICATE OF DEATH

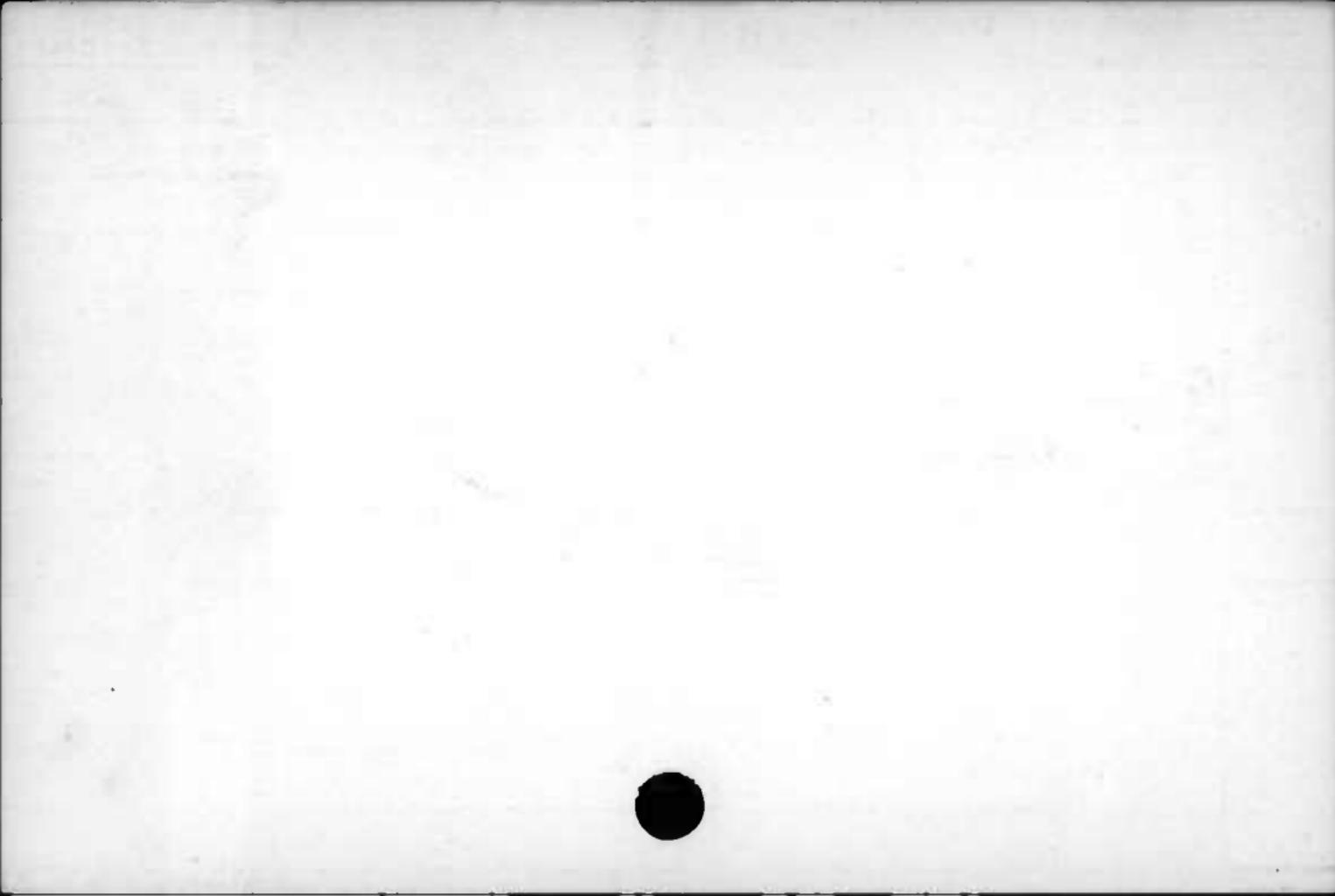
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Chase	County Balto	MARYLAND		
Date of death	Month July	Day 20	Years Age 72	Months -	Days -
Sex	Female	Color or Race white	Birth- place Goway		
Occupation	8820	Where Residing if not at place of death	✓		
Married, Single or Widowed	widow	Name of Wife or Husband	✓		
Father's Name	Rubinstein Fischer		Father's Birthplace Goway		
Mother's Maiden Name	—		Mother's Birthplace		
Name of person giving Information	Mrs. ang Hulme		How related to deceased daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease of heart		How long 3 or 4 years
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician John H. Hansen	Address Middleton Road
Accident or Suicide?	no		



Andrew Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		/		MARYLAND	
Date of death	Month	Day	Years	Months		Days		
1905	2	24	76	4		2		
Sex	Male	Color or Race	White	Birth-place		Ireland		
Occupation			Where Residing if not at place of death			Rockland		
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	John Fisher		Father's Birthplace		Ireland			
Mother's Maiden Name	Jane McCormick		Mother's Birthplace		Ireland			
Name of person giving information	Jane Fisher McCormick		How related to deceased		Sister			

CAUSES OF DEATH

Primary Chronic Rheumatism ✓
 Immediate Exhaustion ✓
 How long Thirty five years
 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Marie May or
Pikeville

Accident or Suicide?

John Burns Son
 Father's Baptist-
 church

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death 1905	Month	Day	Years	Age	Months	Days	
Sex Female		Color or Race	White		Birth-place		
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Cornelius Jacobs		Father's Birthplace		Penns	
Mother's Maiden Name		Rebecca Jacobs		Mother's Birthplace		Penns	
Name of person giving Information		Georgia B. Bergman		How related to deceased		daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age
Nephritis

How long

120

Immediate

Are the name, age, sex, color, date and place correctly given above?

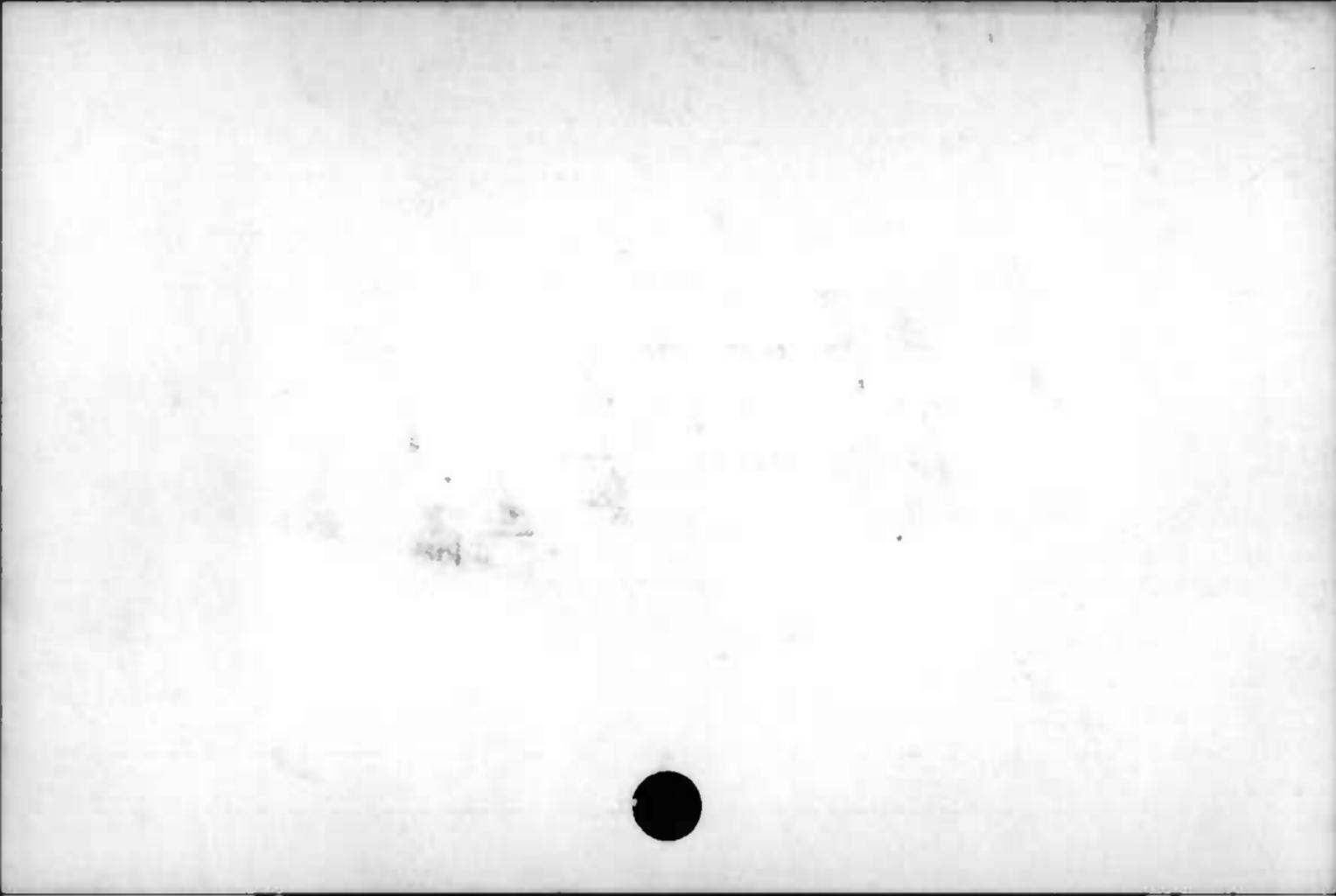
Yes

Signature of Physician

Address

J. W. White
Glyndon, Md

Accident or Suicide



Name
in
Full

Martin Foester

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Feb	Day 1	Years 43	Months -	Days -
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	Farmer		Where Residing if not at place of death	Min - Christ		
Married, Single or Widowed	Married	Name of Wife or Husband	Germany			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace	..		
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastric Ulcer		How long	1 year
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	6 Wallace	
		Address	Roswell Md.	
Accident or Suicide?				

THE BIRDS OF THE BAHAMAS

Name
in
Full

John A. Boyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Rossville	Baltimore	Months	Days	
Date of death	15 th Month	Day	Years	Months	Days
1905	Feb.	15 th	Age 52	6	9
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Foreman on S. S.		Where Residing if not at place of death	Rossville	
Married, Single or Widowed	Married	Name of Wife or Husband	Caroline Boyle	Father's Birthplace	Germany
Father's Name	—		—	Mother's Birthplace	—
Mother's Maiden Name	—		—	How related to deceased	—
Name of person giving information	—		—	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

accident

How long

—

Immediate

1/10

How long

—

Are the name, age, sex, color, date and place correctly given above?

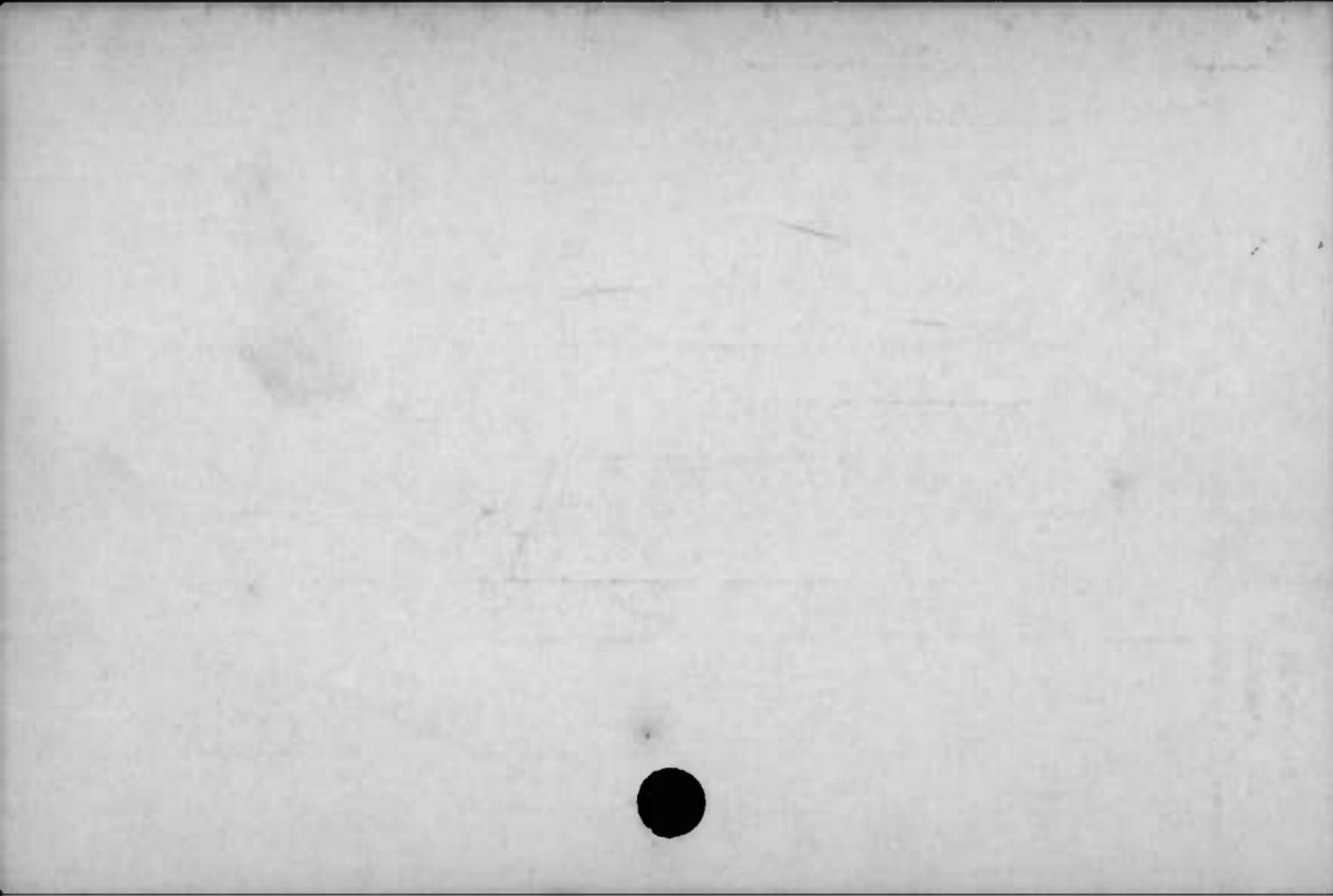
Signature
Physician

Address

Ed. J. Derman Co.
Rossville
Md.

Accident or Suicide?

Accident



Name
in
Full

Mary Frei

CERTIFICATE OF DEATH

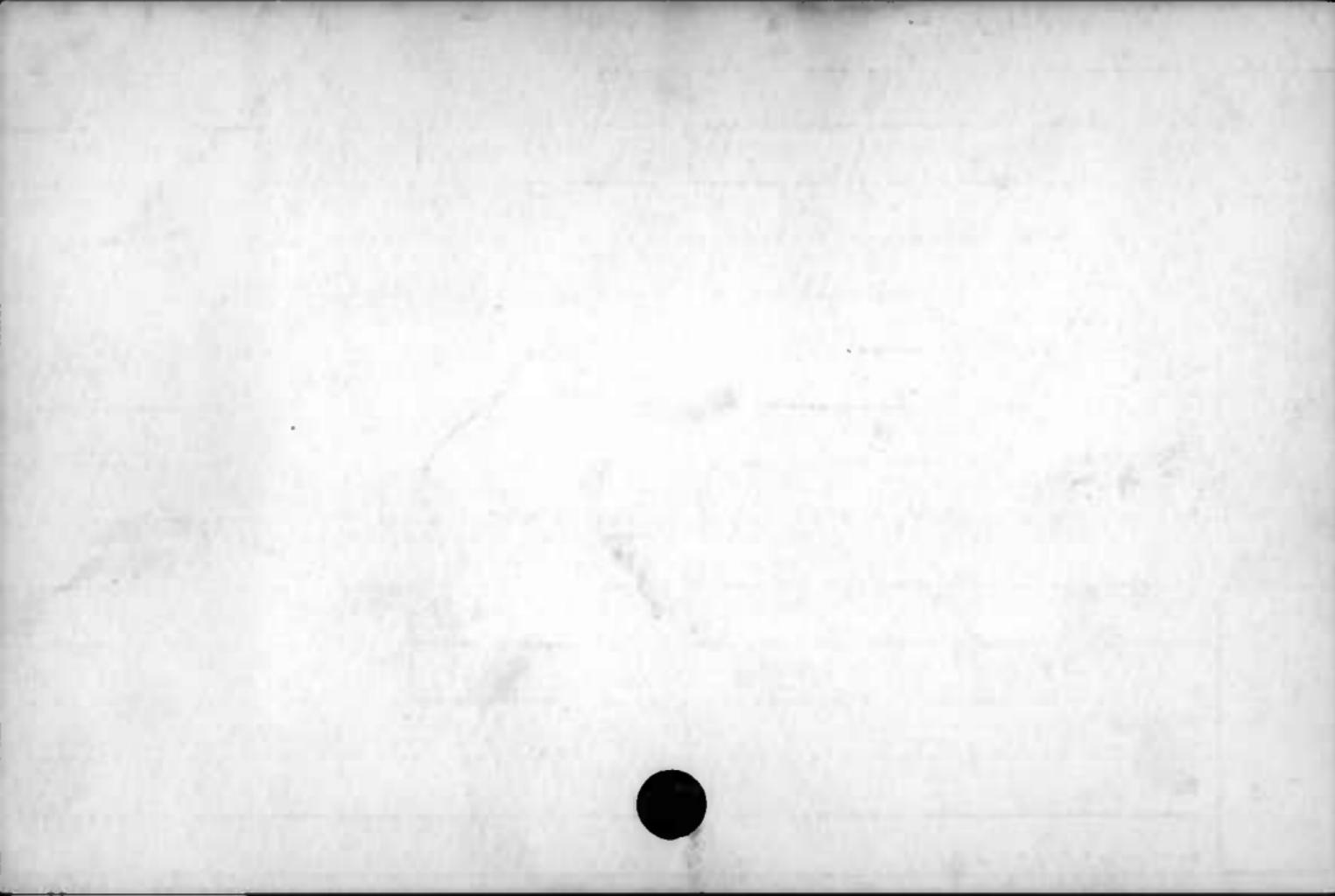
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Halethorpe</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Feby</u>	Day <u>9th</u>	Age <u>31</u> Years	Months <u>8</u>	Days <u>23</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore, Md</u>				
Married, Single or Widowed	Occupation <u>Housewife</u>					
Name of Wife Husband <u>William Frei</u>						
Father's Name <u>Frederick Baker</u>	Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Katie Koch</u>	Mother's Birthplace <u>Germany</u>					
Name of person giving Information <u>William Frei</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

Primary <u>Acute Pulmonary Tuberculosis</u>	How long <u>5 or 6 months</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. R. Eareckson</u> Address <u>Een Ridge, Md</u>
Accident or Suicide? <u>✓</u>	

PHYSICIAN
OR CORONER



Name
in
Full

John Freihamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Rossville	of Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	February	6 th	Age 61		
Sex	Male	Color or Race	white	Birth-place	austria
Occupation	Labourer	Where Residing if not at place of death			Germany
Married, S or W		Name of Wife or Husband	Rossville		
Father's Name	Mary Freihamer				
Mother's Maiden Name	Elizabeth				
Name of person giving information	Mary S. Scheibin			How related to deceased	
None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary 19 How long

Immediate 19 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

C. Wallace M.D.
Rossville
Joseph S. Neumayer, coroner

Accident or Suicide?

A. Josephs

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mollie Saphardt.

CERTIFICATE OF DEATH

Died at <u>Canton</u>		County <u>Balto</u>		State <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>4</u>	Age <u>1</u> Years	Months <u>—</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balto Co.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>712 S Clinton St</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Harry J. S. Saphardt.</u>				
Father's Name <u>Harry J. S. Saphardt.</u>	Father's Birthplace <u>Balto City</u>				
Mother's Maiden Name <u>Maggie Moll.</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>Harry Saphardt</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

~~Drunkenness~~ ~~Heart~~

How long

~~Drunk~~ ~~life~~

Immediate

~~Cyanosis~~

How long

~~4 days~~

Are the name, age, sex, color, date and place correctly given above?

3/28

Signature of Physician

Address

~~St. Johns, Md~~
~~1114 Chesapeake St~~

Accident or Suicide?

no

Picabons from
Mt Carmel County

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

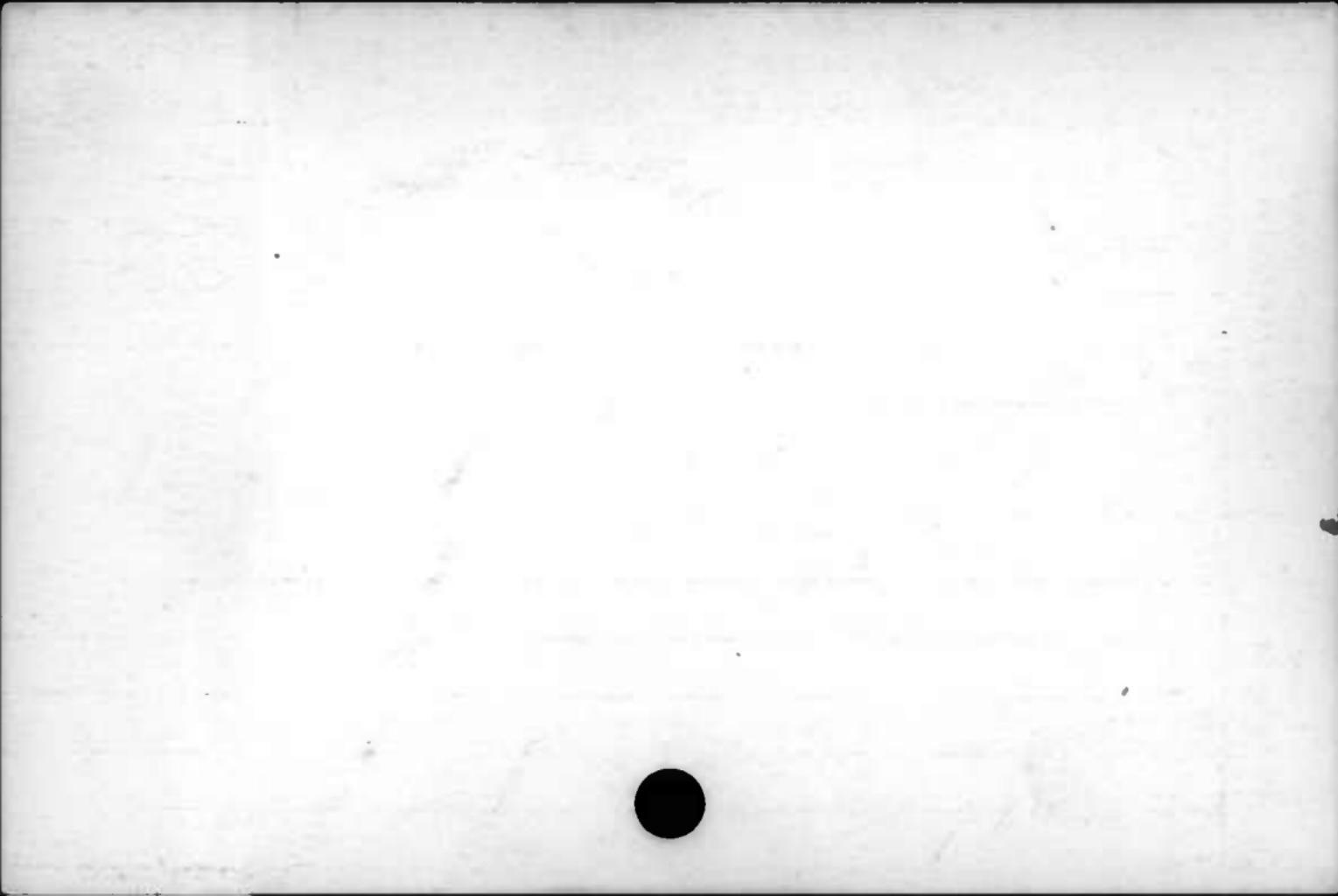
Maude L. Garrett

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1905	Month Sep	Day 23	Years 6	Months	Days 26	
Sex	Female	Color or Race	Birthplace				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Penns.	
Father's Name		Rev F. C. Garrett		Mother's Birthplace		Lisabon	
Mother's Maiden Name		Lisabon		How related to deceased		Father.	
Name of person giving information		Rev C. Garrett					

CAUSES OF DEATH

Primary	Peritonitis	116	How long	about 3 mrs.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. H. Gerry	
		Address	Streusberg	
Accident or Suicide?			L. H. Gerry	

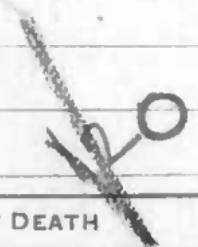


Name
in
Full

Garrett, Sarah.

CERTIFICATE OF DEATH

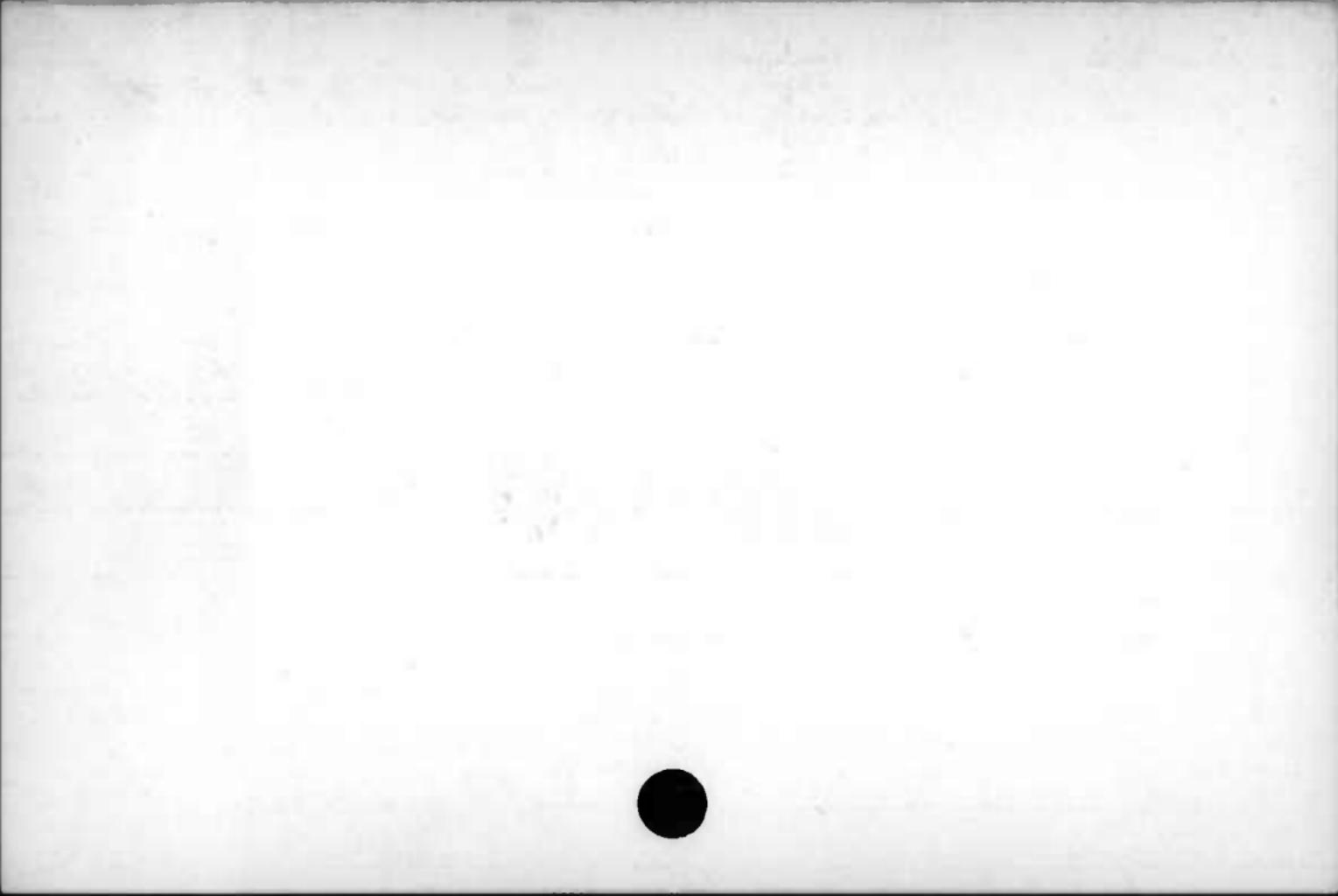
To BE ANSWERED BY
NEAREST FRIEND

Died at	^{Town} Cateresville	^{County} Balto.	MARYLAND	
Date of death	1905	Month Feb	Day 18	Years 75
Age	75	Months	Days	
Sex	Female	Color or Race	Cad.	Birth-place Md.
Occupation	Domestic	Where Residing if not at place of death	X	
Married, Single or Widowed	Single	Name of Wife or Husband	X	
Father's Name				Father's Birthplace X
Mother's Maiden Name	X			Mother's Birthplace X
Name of person giving information	X			How related to deceased >

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Intestinal Nephritis	How long	6 mos -
Immediate	Pulmonary Congestion	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Percy Nolle,
	Mo	Address	Bladensburg, Md.
Accident or Suicide?			



Name
in
Full

Stephen Gaines

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Sparrows Point

Baltimore

Date
of death

Month

Day

Years

Days

1905 Feb

8th

50

—
—

Sex

Male

Color
Race

Black

Birth-
place

Va.

Occupation

Laborer

Where Residing if not
at place of death

Sp. Pt.

Married, Single
or Widowed

Married

Name of Wife or
Husband

TO BE ANSWERED BY
NEAREST FRIEND

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Edw Russell

friend

CAUSES OF DEATH

Primary

Dropsy

How long

2 or 3 years

Immediate

ex haustion

How long

2 or 3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. C. McCormick
Sparrows Point Md
Md.

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Shatje Lee Gehb Koeling Ferry road Baltimore Co.				Baltimore County		CERTIFICATE OF DEATH	
Died at	Month	Day	Years	Months	Days	MARYLAND	
Date of death 1905	Feb.	10	Age 39	~	~		
Sex Female	Color or Race	White		Birth-place	Dorchester Co. Md		
Occupation house	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband	Philip J. Gehb		Father's Birthplace	not known		
Father's Name William J. Webster	not known		Mother's Birthplace	not known			
Mother's Maiden Name	not known		How related to deceased	Husband			
Name of person giving information Her Husband							

CAUSES OF DEATH

Primary

Congestion of lungs

How long

4 hours

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

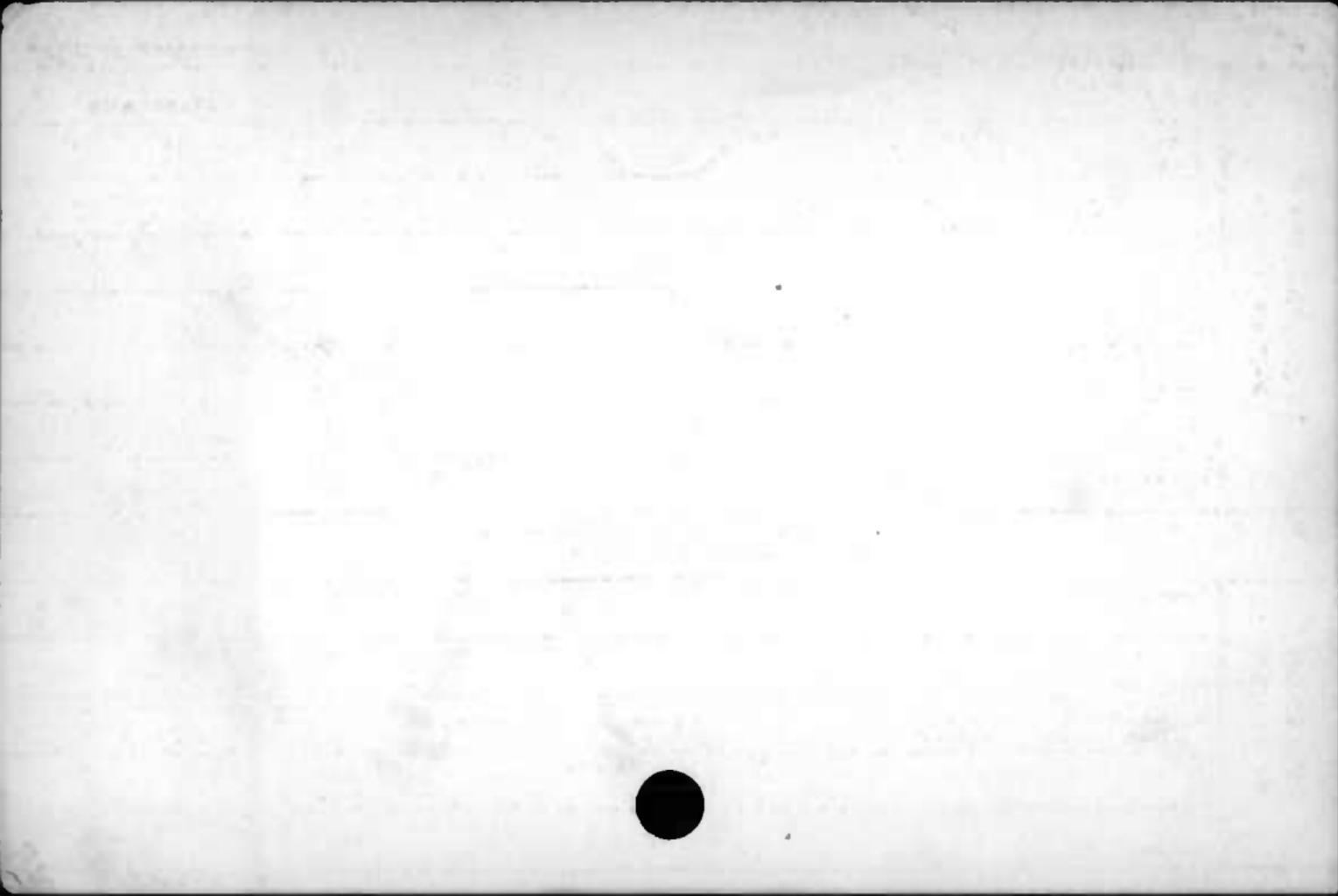
yes

Signature of Physician

Address

Frank & Ruble
Lansdowne, Md.

Accident or Suicide?



Name
in
Full

Infant of Louis & Mary Scholz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hoplandtown</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>7</u>	Years <u>-</u>	Age <u>-</u>	Months <u>-</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>-</u>		Where Residing if not at place of death <u>Phila Road</u>	Birth-place <u>md</u>	
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>				Father's Birthplace <u>MD</u>	
Father's Name <u>Louis Scholz</u>	Mother's Maiden Name <u>Mary "</u>				Mother's Birthplace <u>MD</u>	
Name of person giving information <u>Caroline Bely</u>					How related to deceased <u>wife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Spasms



How long

One hour

Immediate

11

How long

,

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Coroner John F. Mulley

Address

216 P. Donnell st

Accident or Suicide?

Mr Carmel
C Miller

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Giese, E. Harry. Town: Baltimore. County: Baltimore.

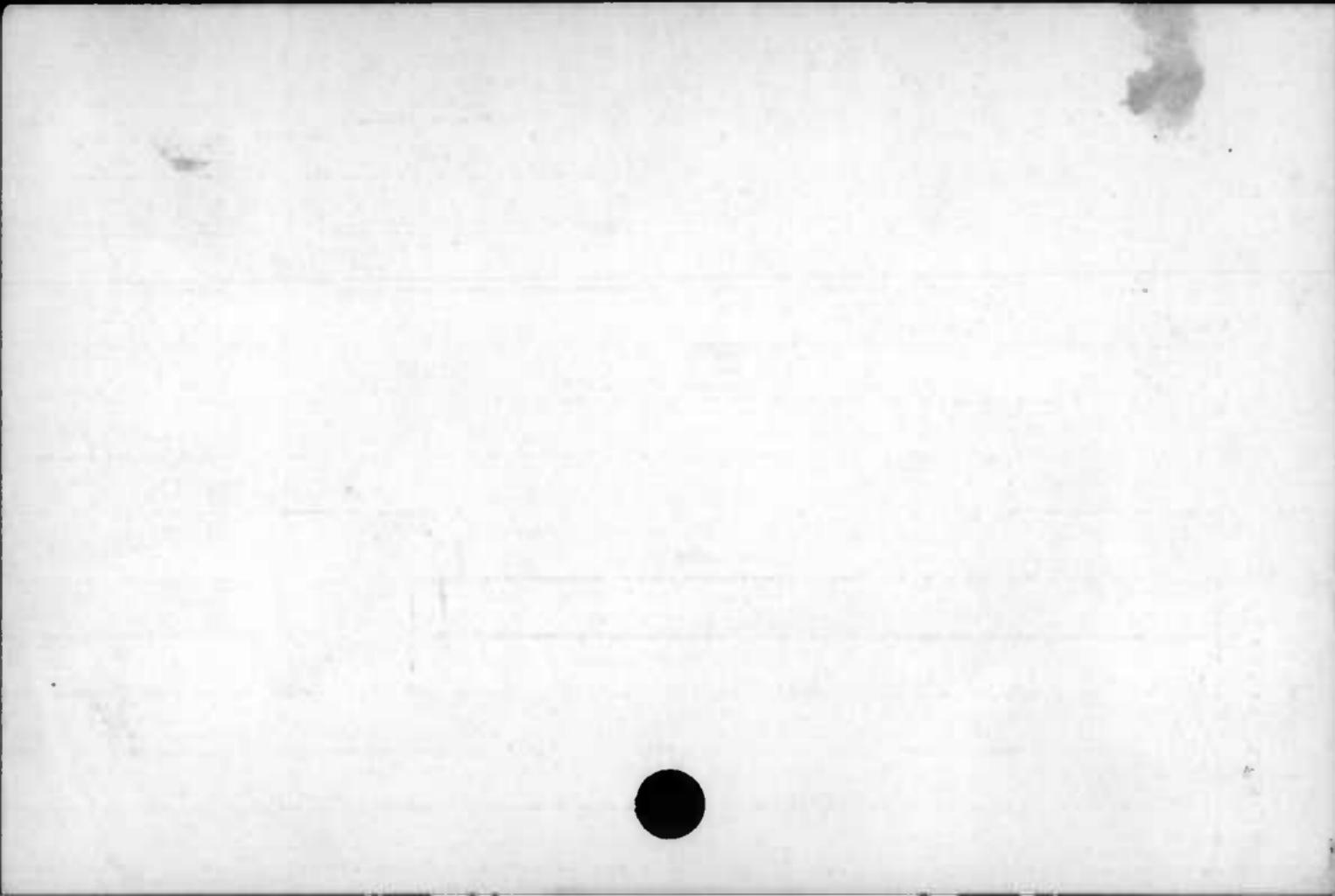
CERTIFICATE OF DEATH

MARYLAND

Died at	Baltimore			Month	Day	Age	Years	Months	Days
Date of death	1905	Feb	5			80			
Sex	Male	Color or Race	White					Birth-place	Md.
Occupation	Merchant			Where Residing if not at place of death			X		
Married, Single or Widowed	Married	Name of Wife Husband	Catherine G. Giese			Father's Birthplace			Germany
Father's Name	L. W. H. Giese								
Mother's Maiden Name	X						Mother's Birthplace		
Name of person giving information	Florence Giese						How related to deceased		
							Daughter		

CAUSES OF DEATH

Primary	Senile Melanoderma		How long	3 yrs.
Immediate	Vascular Dis. of Heart		How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Mary Kade
			Address	Baltimore
Accident or Suicide?		No.		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Francisco Goettner

CERTIFICATE OF DEATH

MARYLAND

Died at Perry Hall

Town

County

Baltimore

Date
of death 1905

Month
Feb.

Day
15

Years

Months

Days

Age

4

1

Sex

Female

Color or
Race

White

Birth-
place

Name as above

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Frank Goettner

Father's
Birthplace

Ind

Mother's
Maiden Name

Francisco Snyder

Mother's
Birthplace

Ind

Name of person giving
Information

How related
to deceased

do

CAUSES OF DEATH

Primary

Acute Bronchitis - Inflammation bronch (cerv)

How long

Several days -

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Lugard & Whiteford.
Fullerton, Ind.

1122

Accident or Suicide?

Emanuel

Name
in
Full

W. M. Griffin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Feb	Day 4	Years 87	Months -	Days -
Sex	Male	Color or Race	colored		Birth-place	Md
Occupation	Farmer		Where Residing if not at place of death			-
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah Louisa Blake		
Father's Name	-		-			Father's Birthplace
Mother's Maiden Name	-		-			Mother's Birthplace
Name of person giving information	John Griffin		KA			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infant Heart Disease	How long	2 years
Immediate	-	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Maria B Gugel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1905	Month Feb	Day 17	Age 81	Years	Months 8	Days 10
Sex Female	Color or Race German		Occupation Farmer wife		Birth-place Germany	
Married, Single or Widowed	Widow		Lawrence Gugel			
Name of Wife or Husband						
Father's Name	Dont Know				Germany	
Mother's Maiden Name	Dont Know				Germany	
Name of person giving information	Mary & Minnie Gugel				Daughters	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Albunemia		X	How long	6 months.
Immediate	Nunca.		X	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Hobart M	
			Address	Arlington	
527		6			
Accident or Suicide					

George Peatty
London Park,

Name
in
Full

Conrad Haas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Not Known			Father's Birthplace
Mother's Maiden Name	" "			Mother's Birthplace
Name of person giving Information	John Haas			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia		How long
Immediate	Exhaustion		6 years + 3 mos How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	4 years + 6 mos
		Address	W. Edw. Atchafalay 2429 Fair Ave
Accident or Suicide?			

Schwoatha

W. Sanders son
W. Garret County

Name
in
Full

Frederica Haberkorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis Road</u> <u>Baltimore</u> County				MARYLAND	
Date of death <u>1905</u>	Month <u>2</u>	Day <u>15</u>	Age <u>73</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation			Birth-place <u>Germany</u>
Married, Single or Widowed					
Name of Wife or Husband	<u>Frederick Haberkorn</u>				
Father's Name	<u>Miller</u>				
Mother's Maiden Name	<u>Frederick</u>				
Name of person giving Information	<u>May Stockhausen</u>				
CAUSES OF DEATH					
Primary	<u>Pneumonia</u> <u>OB</u>				How long <u>5 days</u>
Immediate	<u>Exhaustion</u>				How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Primary

Immediate

Signature of Physician

Address

Accident or Suicide?

75 Hall
your manners

E Glown & Son,

Cedar Hill

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margret Hall

Died at Della

Date of death 1905 Feb

Month Day

Years

Age 55

CERTIFICATE OF DEATH

MARYLAND

Months

Days

Sex Female

Color or
Race

Colored

Birth-
place

Fredricks les

Occupation

midinfer

Where Residing if not
at place of death

Della Baltimore 60

Married, Single
or Widowed

Married

Name of wife of
Husband

Chadwick Hall

Father's
Name

Philip Simpson

Father's
Birthplace

Fredrick les

Mother's
Maiden Name

Margret Simpson

Mother's
Birthplace

Name of person giving
Information

Jacob Hall

How related
to deceased

son

CAUSES OF DEATH

Primary

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John B. Quinn M.D.

West 20th and

Accident or Suicide?



Name
in
Full

Mary Hanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Lutherville</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 1905	Month <u>February</u>	Day <u>24</u>	Years <u>Age 90</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Married <u>Single</u> or Widowed		Occupation <u>at home</u>			
Name of Wife or <u>Husband</u>		<u>Mary Hanley</u>			
Father's Name <u>Sarby</u>		Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name <u>-</u>		Mother's Birthplace <u>-</u>			
Name of person giving information <u>Richard Hanley</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

Primary	<u>Old age</u>	<u>✓</u>	How long
Immediate	<u>Heart failure</u>	<u>✓</u>	How long <u>a few minutes</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J Chalmer Pebbles

Address

Lutherville Md

Accident or Suicide?

Martin Fahy & Son

Mt. Morris Powers

Name
in
Full

Hanna

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Garrison

Town

County

MARYLAND

Date
of death

1905

Month

2

Day

11

Years

7

Months

—

Days

2

Sex

Male

Color or
Race

white

Birth-
place

Garrison

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

George Hanna

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Annie Keys

Mother's
Birthplace

Baltimore

Name of person giving
Information

George Hanna

How related
to deceased

Father

CAUSES OF DEATH

Primary

Mononucleosis

✓ 51

How long

2 days

Immediate

11

✓ 51

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

✓ 51
NO 8 Mrs.
Pikeville

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Elsie Hanna

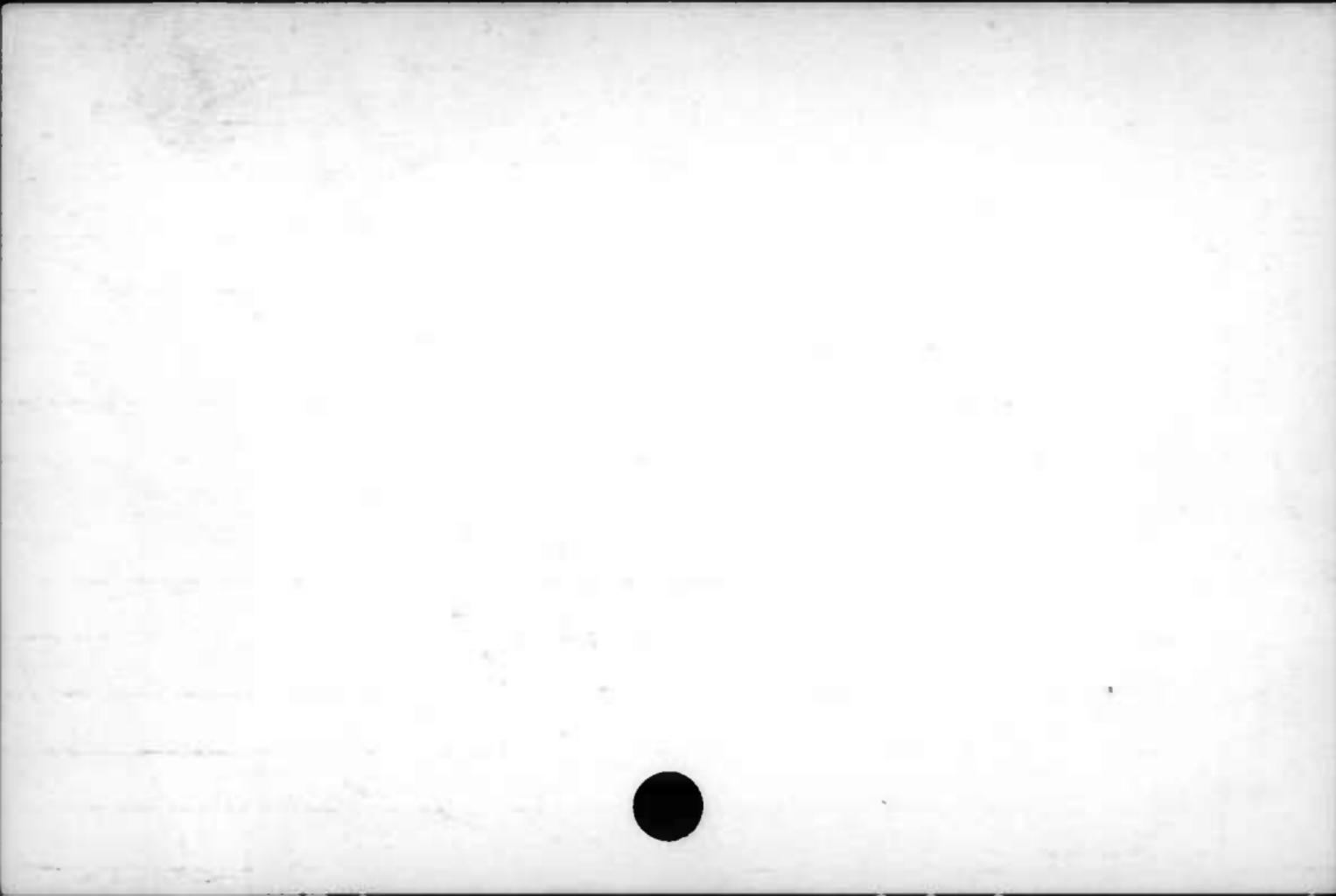
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	Febr.	3	8 yrs	10	12		
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Joseline Hanna						
Mother's Maiden Name	Ivy Miller						
Name of person giving information	L.K. Slade						

CAUSES OF DEATH

Primary	Acute Tubercular Meningitis		How long	4 days	
Immediate	Same		How long	4 days	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Millard Slade M.D.		
		Address	Slade Shane Md.		
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Chas Thomas Henderson
Towson
Baltimore County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1905	Month 2	Day 12	Age 60	Years	Months 2	Days —
Sex Male	Color or Race White				Birth- place	

Occupation
Shoemaker

Where Residing if not
at place of death

Married, Single
or Widowed
Married

Name of Wife or
Husband
Amelia Huber Henderson

Father's
Name
Archibald Henderson

Father's
Birthplace
Black Horse

Mother's
Maiden Name
Susanna Gorsuch

Mother's
Birthplace
Black Horse

Name of person giving
Information
Edward Henderson

How related
to deceased
Son

CAUSES OF DEATH

Primary

Lung Grippe

10

How long

1 week

Immediate

Inflammation

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

Address

T. Taylor

Collett

MD

Accident or Suicide?



Name
in
Full

Levi E Herr

CERTIFICATE OF DEATH

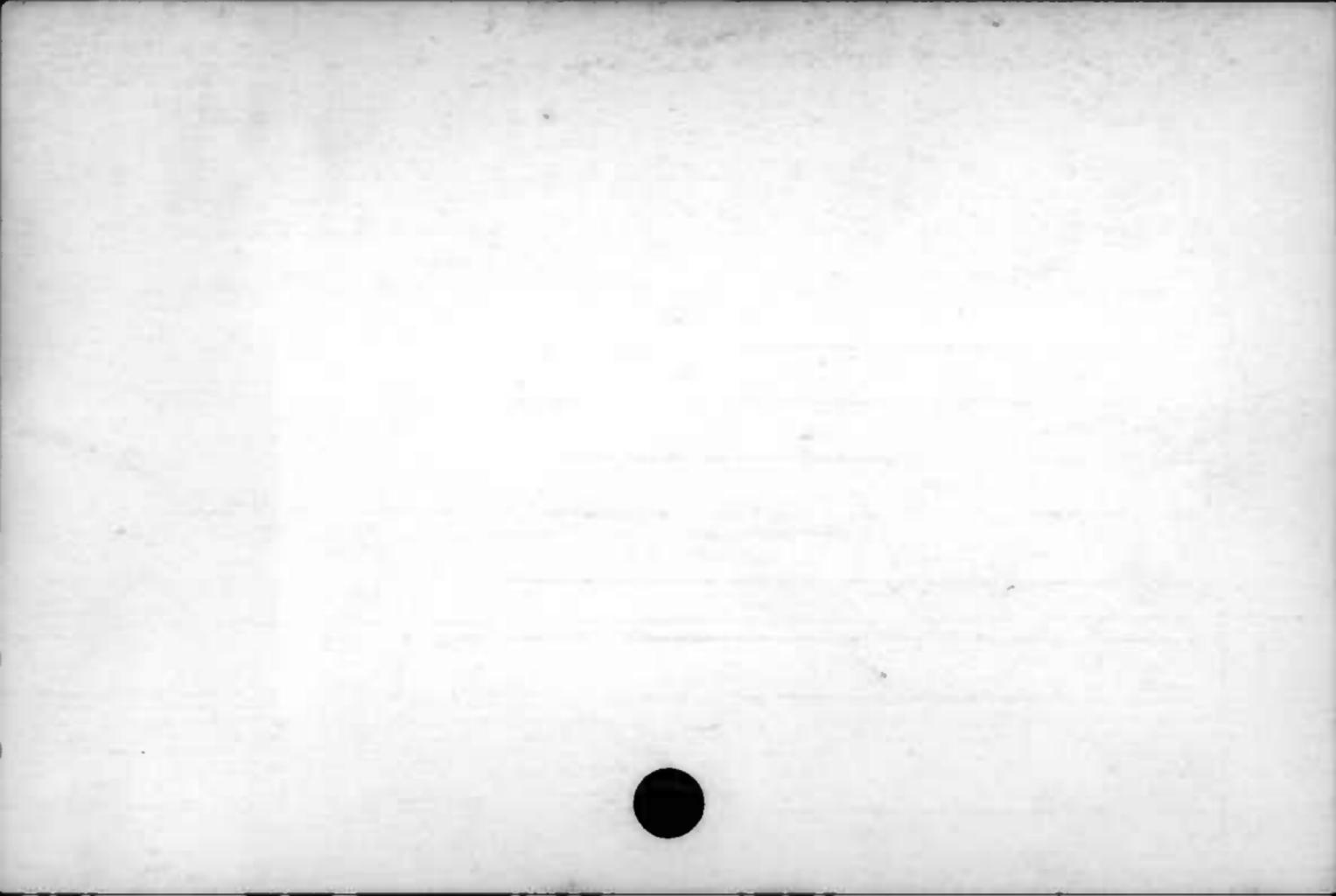
To BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore		Town		County		MARYLAND	
Date of death	1905	Month	2	Day	14	Years	19
Sex	male	Color or Race	white	Birth-place	md	Months	—
Occupation	Laborer	Where Residing if not at place of death				Clearspring, md	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Rudolph Herr			Father's Birthplace			
Mother's Maiden Name	Margaret Pearl			Md			
Name of person giving information	L. P. Snyder			Mother's Birthplace			
How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Osteo-myelitis	How long	8 to 10 weeks
Immediate	Sepsis inducing heart failure	How long	6 to 12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	b. J. Mason, M. D.
		Address	Clearspring, md
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary A Holt

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Feb.	28	45			
Sex	Female	Color or Race	White	Birth-place	unknown,	
Occupation	Religious		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	unknown			
Father's Name			"	Father's Birthplace	unknown	
Mother's Maiden Name			"	Mother's Birthplace	"	
Name of person giving Information	Rec'ds McHope		How related to deceased	not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pul - Tuberculosis

How long

about one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

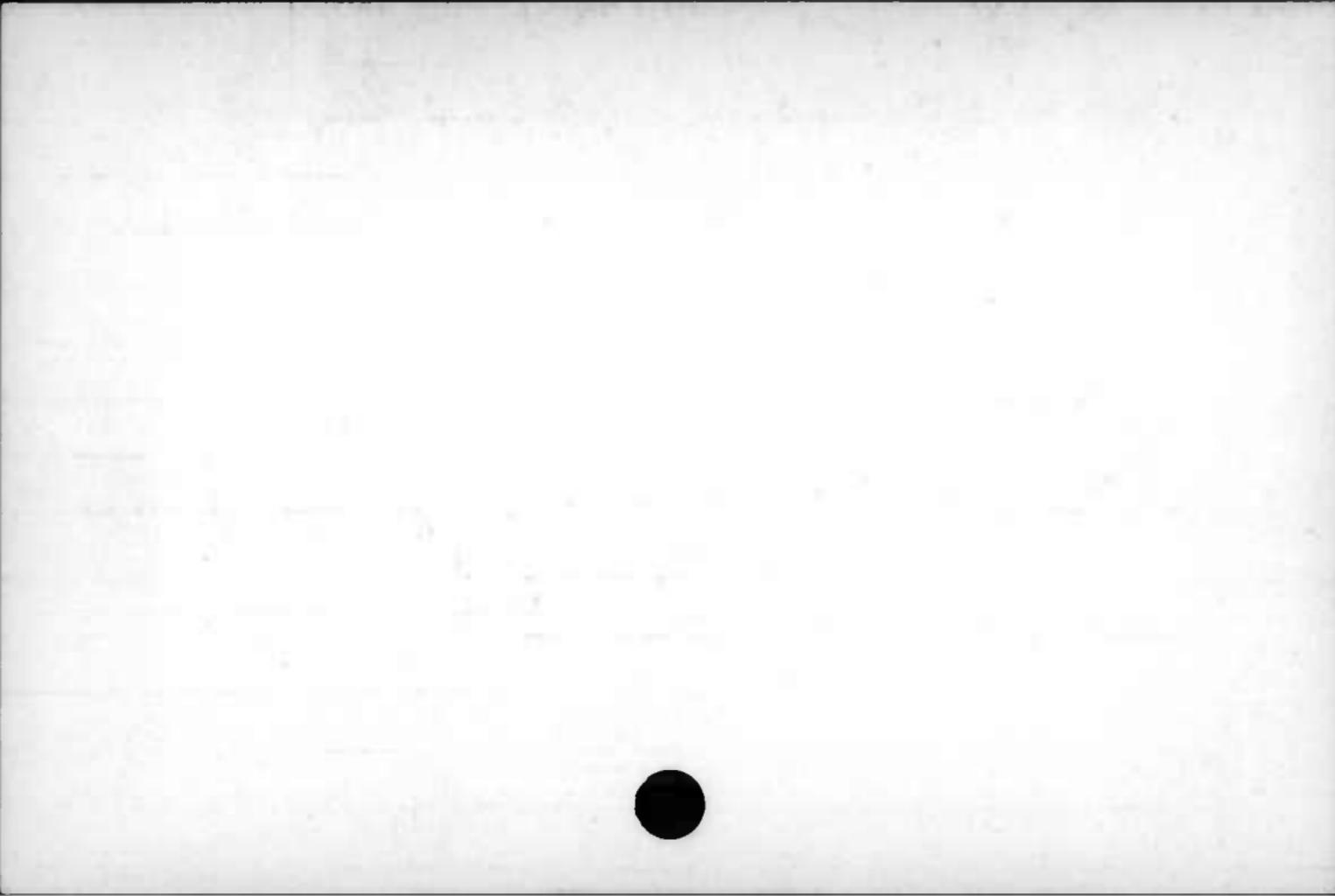
Yrs

Signature of Physician

Address

J. J. Flannery
McHope Retreat

Accident or Suicide?

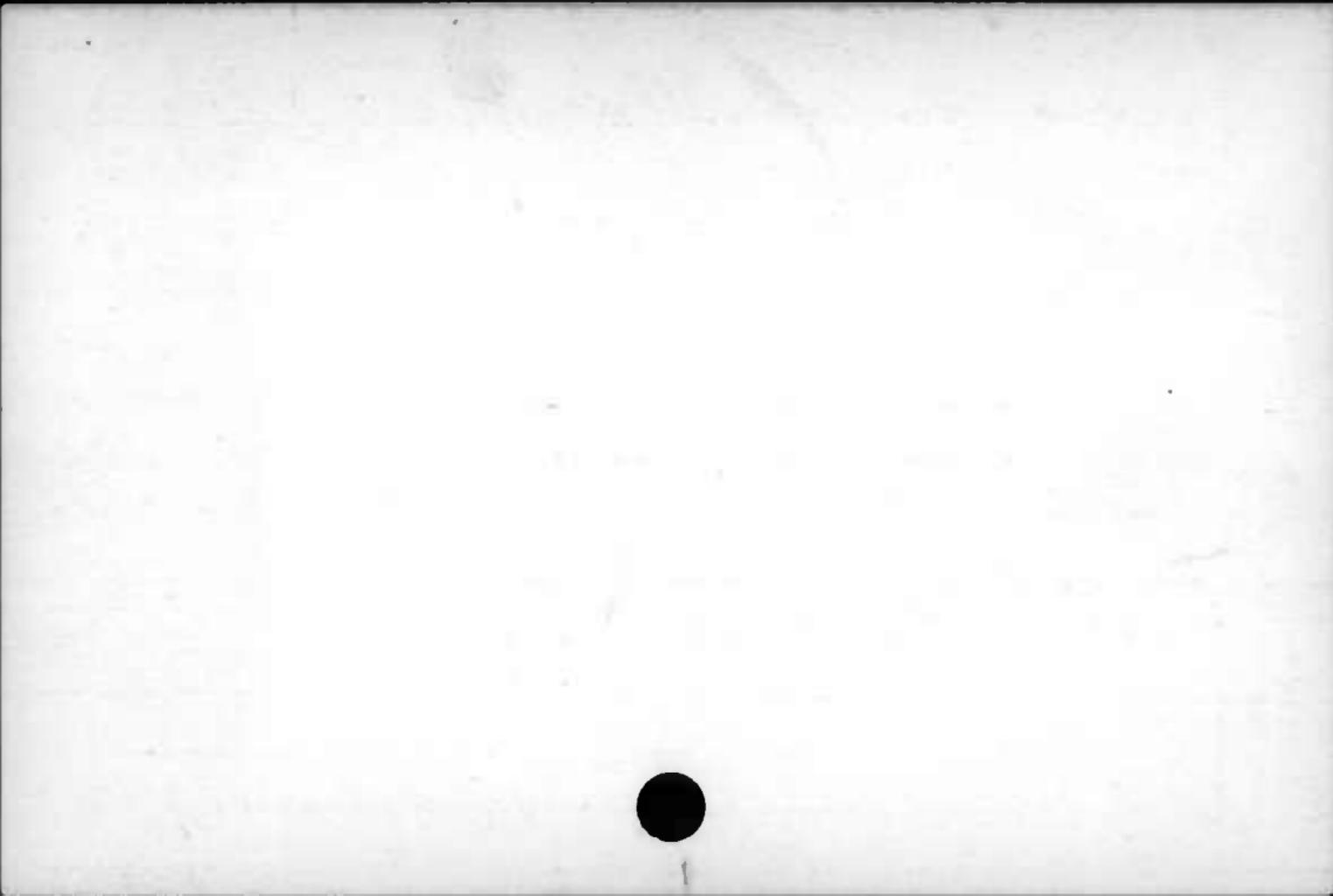


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH				
Died at		Town	County	
Date of death		Month	Day	Years
1905		Feb	20	Age
Sex	Female	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Harrison Hues			
Mother's Maiden Name	Florine E. Wilson 15			
Name of person giving information	Florine E. Wilson			
CAUSES OF DEATH				
Primary	Lack of Development			How long
Immediate				How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

William Huston

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town			County		Baltimore, MARYLAND			
Date of death	1905	Month	Feb.	Day	26	Years	44	Months	Days	
Sex	Male	Color or Race	White			Birth-place	Baltimore			
Occupation	Baker			Where Residing if not at place of death			613 Thyrst St.			
Married, Single or Widowed	Widower	Name of Wife or Husband								
Father's Name									Father's Birthplace	
Mother's Maiden Name									Mother's Birthplace	
Name of person giving information									How related to deceased	

CAUSES OF DEATH

Primary

Cirrhosis of Liver.

How long

Immediate

General Complications

How long

Are the name, age, sex, color, date and place correctly given above?

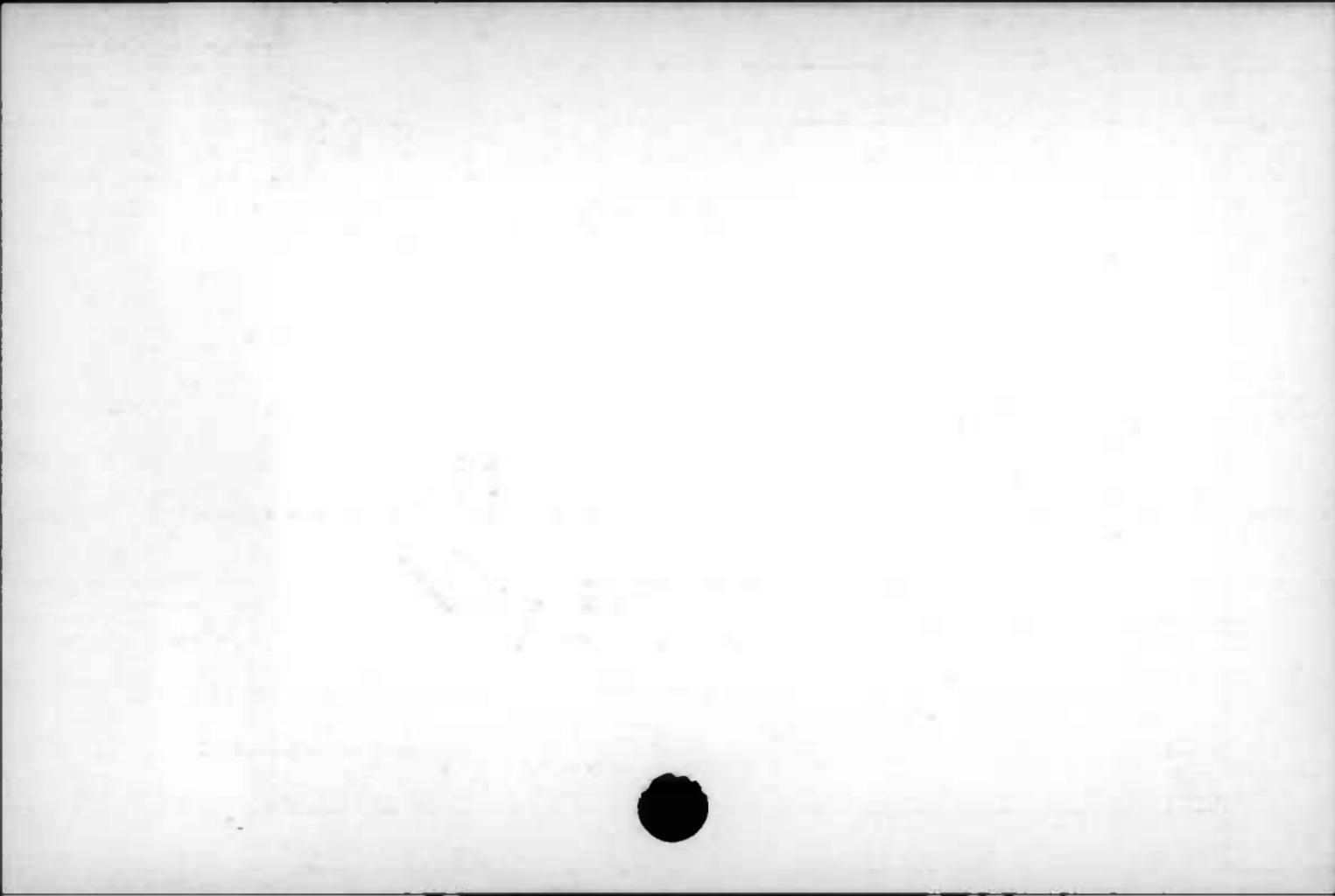
Signature of Physician

Address

J. T. Mara M. D.

St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Amie M. Inglo.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Woodbrook	Town	Baltimore	County	MARYLAND					
Date of death	1905	Month	Feb	Day	14	Years	82	Months	1	Days	3
Sex	Female	Color or Race	white	Birth-place							
Occupation			Where Residing if not at place of death	Baltimore City							
Married, Single or Widowed	Widow		Name of Wife or Husband								
Father's Name	Charles Peters		Father's Birthplace	Baltimore City							
Mother's Maiden Name	Mary Stewart.		Mother's Birthplace	Annapolis Md							
Name of person giving information	How related to deceased										

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Smity

✓
Vox

How long

Immediate

Acute Indigestion of a furhness.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Govt Hospt
Sta H. Baltimore Md
Conn.

Accident or Suicide?

E. Madison Mitchell
Baptist Med.

Westview Cemetery

Gertrude Ireland

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1903	Feb	26 th	25	unknown	unknown	
Sex	Color or Race		White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death			504 St. Calhoun St		
Married, Single or Widowed	Name of Wife or Husband		Baltimore and -			
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Mary Ireland			Mother's Birthplace	"	
Name of person giving information	Records of Mt. St. Hope Reformatory			How related to deceased	Not at all -	

CAUSES OF DEATH

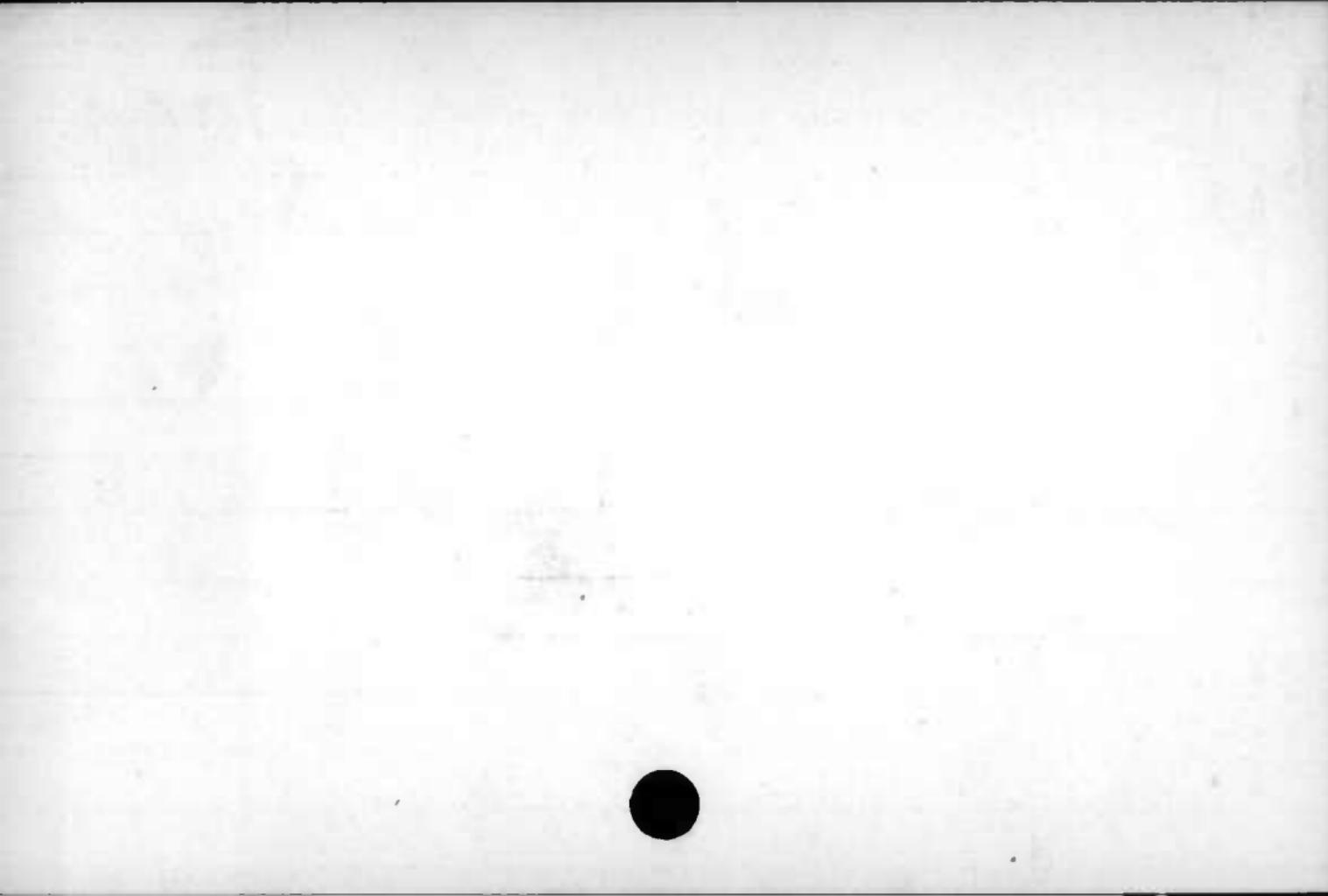
Primary
Mama AcuteImmediate
Ex. Pul. Tuberculosis

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician
Frank J. FlanneryHow long
abt 15 or 18 mosHow long
abt one year

Accident or Suicide?

Address
Mt. St. Hope Reformatory
Baltimore Co. Md.



Name
in
Full

Thomas Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Bucks		County	
Died at	Gardenville	Month	Bucks	County
Date of death	1905	Month	Feb	Day
Age	64	Years	64	Months
Sex	male	Color or Race	Colon	Days
Occupation	Subord	Where Residing if not at place of death	Gardenville	
Married, Single or Widowed	Married	Name of Wife or Husband	Mariah Johnson	
Father's Name	not known			
Mother's Maiden Name				
Name of person giving information	Tom Johnson			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grippe

How long

1 week

Immediate

Congestion of lungs

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

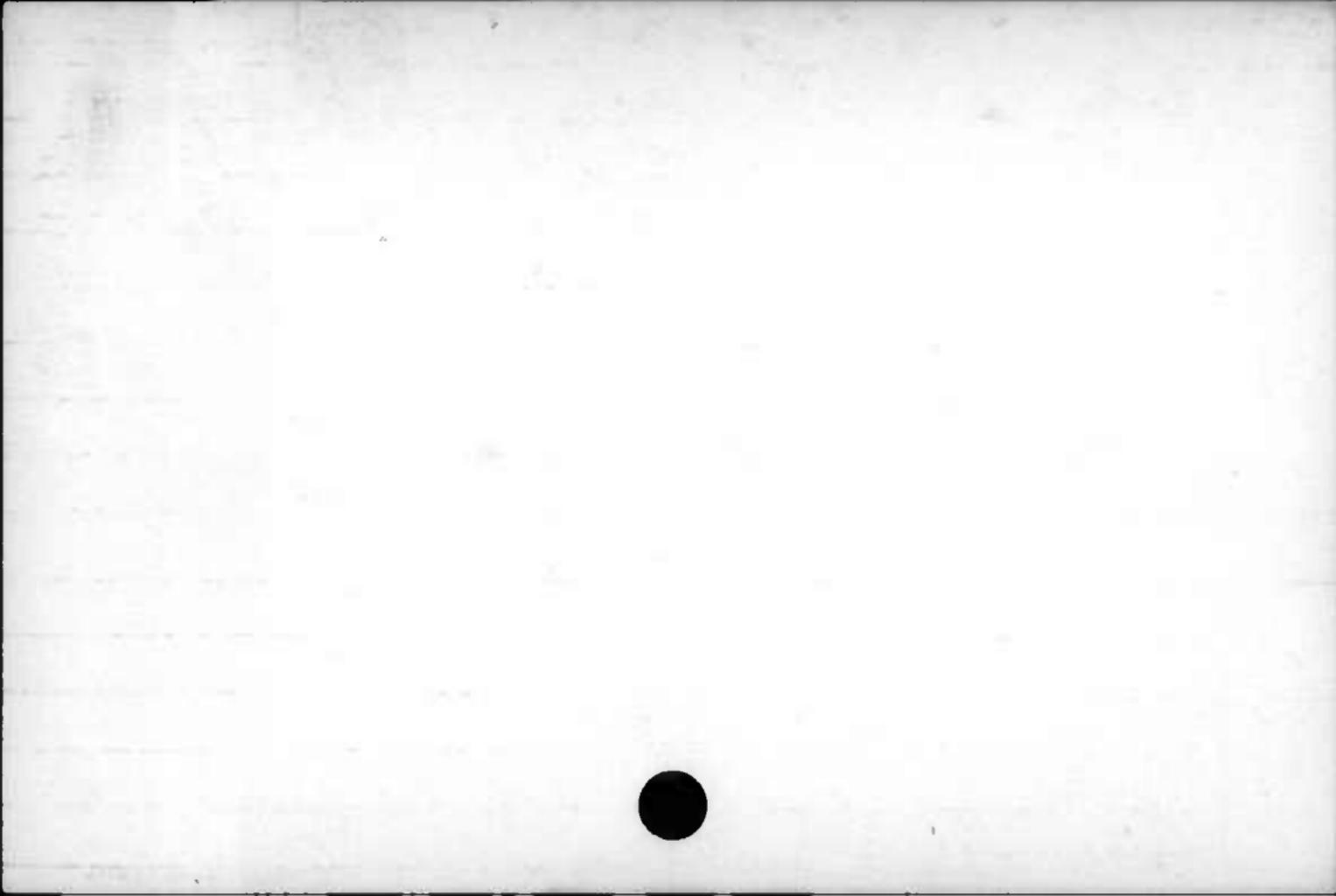
Yes

Signature of Physician

Address

Tom Johnson
Gardenville
Md.

Accident or Suicide?



William B. Jordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 413 Blaumore An		Town Baclt		County Baclt		MARYLAND	
Date of death 1905	Month Feb	Day 6	Age 55	Years 55	Months —	Days —	
Sex Male	Color or Race White	Birth-place Baclt. Me					
Occupation Labor	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband Julia Jordon	Father's Birthplace Ma					
Father's Name John Jordon	Mother's Birthplace Ma						
Mother's Maiden Name Noy Knum	How related to deceased in Law.						
Name of person giving information	Beny Cook						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Obstructive Pulmonary Disease 2 yrs

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yea.

Signature of Physician

Address

Dr. W. J. Jordon
3rd & Douglas
Highlandtown

Accident or Suicide?

NO

1st Evangelical Cemetery

H. Sander & sons

Name
in
Full

John Reck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Apperco

Town

Baltimore

County

MARYLAND

Date
of death 190

Month
2

Day
6

Age

Years
80

Months
5

Days
25

Sex

Male

Color or
Race

White

Birth-
place

Bavaria

Married, Single
or Widowed

Occupation

Farmer

Name of Wife or
Husband

Father's
Name

Peter Reck

Father's
Birthplace

Bavaria

Mother's
Maiden Name

Magdalena Braun

Mother's
Birthplace

" "

Name of person giving
Information

Julia Bell

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Cold

How long

Immediate

Double Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

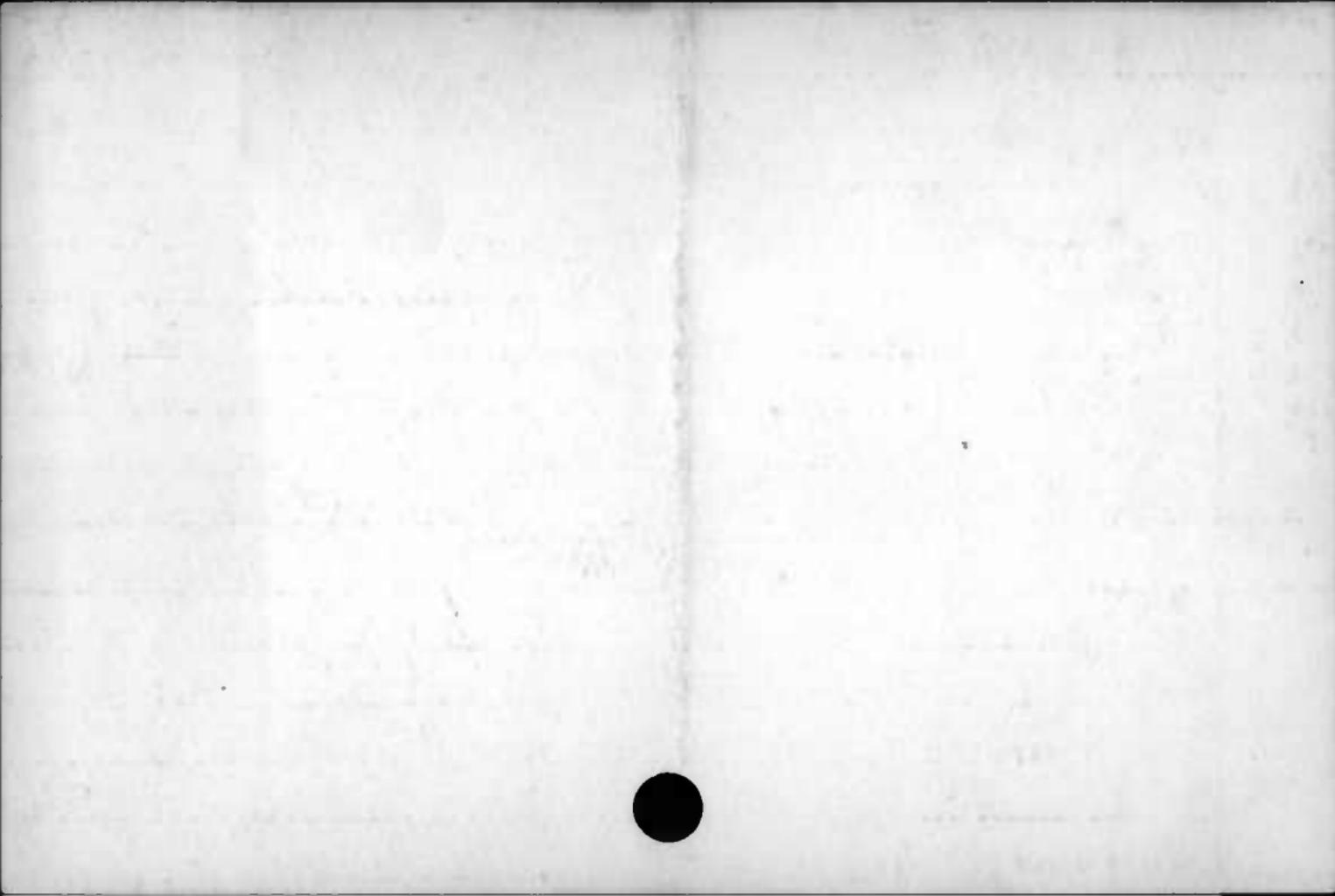
R. C. Wells

Address

Hampstead, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lloyd Kidd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hoffmannville		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1905	Month 2	Day 10	Years 25	Age	Months	Days
Sex	Male	Color or Race	White	Birthplace	Maryland		
Occupation	Labor		Where Residing if not at place of death	Lizzie Kellaugh			
Married, Single or Widowed	Married	Name of Wife or Husband	Lloyd H. Kidd		Father's Birthplace	Maryland	
Father's Name	Lloyd H. Kidd		Susan Riley		Mother's Birthplace	Maryland	
Mother's Maiden Name	Susan Riley		Wm. Kellaugh		How related to deceased	Father in law	
Name of person giving information	Wm. Kellaugh						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burn from explosion

How long

27 hours

Immediate

Explosion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo. H. Moore

Address

116 Tradewalk

Accident or Suicide?

Name
in
Full

Wm Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Belfast		Bally		Baltimore		MARYLAND	
Date of death	1905	Month	2	Day	2	Years	61
Age		Color or Race		Occupation		Months	Days
Sex	Male	White		Labourer			
Married, <u>S</u> or Widowed							
Name of Wife or Husband	Ellen On Kirk						
Father's Name	Robert Kirk						
Mother's Maiden Name	Mary Kirk						
Name of person giving Information	Ellen On Kirk 40						
CAUSES OF DEATH							
Primary	Carcinoma of stomach				18 months		
Immediate	Concurrence of stomachs				3 months		
Are the name, age, sex, color, date and place correctly given above?				Yes			
Signature of Physician				Dr. J. B. Danzen			
Address				Cochesville Md			

PHYSICIAN
OR CORONER

Accident or Suicide? No



Name
in
Full

cotherin Klein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Klein Park	Balto			
Date of death	Month	Day	Years	Months	Days	
1905	2	8	32	1	14	
Sex	Female	Color or Race	White	Birth-place	W.H.	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed				Mr. J. Klein		
Father's Name	John East			Father's Birthplace	Summerville	
Mother's Maiden Name	cotherin Cole			Mother's Birthplace	Mad	
Name of person giving information	cotherin Cole			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suppurating Wound Abdomen 3 week

How long

Immediate

Septicemia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Hall

1117 Main

Accident or Suicide?

Whey
Bar & Mason

Name
in
Full

Joseph Klein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rosedale</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>19</u>	Age <u>76</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Germany</u>		
Occupation		Where Residing if not at place of death <u>Rosedale</u>				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy

How long

1 week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. D. Cost M.D.

Address

Gardenville.

Accident or Suicide?

Name
in
Full

Albert Trebbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	
Date of death 190	Month	Day	Age 74	Years	Months
Sex	Male	Color or Race	White	Occupation	Birth- place
Married, Single or Widowed	Long time laborer				
Name of Wife or Husband	-				
Father's Name	John Trebbs			Father's Birthplace	Pa
Mother's Maiden Name				Mother's Birthplace	P
Name of person giving Information	John Trebbs			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia & pleurisy	How long	12 hours
Immediate	Hernia & dropsy	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Trebbs
		Address	610 7th Street Baltimore Pa
Accident or Suicide?			



Name
in
Full

Frank Linenveber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month 2	Day 6	Age	Years	Months
Sex	Male	Color or Race	white	Birth-place	13 Balt. St. 60.	
Occupation		Where Residing if not at place of death			418 Bank St.	
Married, Single or Widowed	-	Name of Wife or Husband		-		
Father's Name	August Linenveber			Father's Birthplace	Germany	
Mother's Maiden Name	Katherine Fletcher			Mother's Birthplace	Balt.	
Name of person giving information	August Linenveber			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	S.	
Immediate	Premature Birth ^{midwife}	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Mrs Annie M. Girus
	Address	6 N. Port St.
Accident or Suicide?		

St. Paul lew.
J. Herwig & Son
Liby 7/05

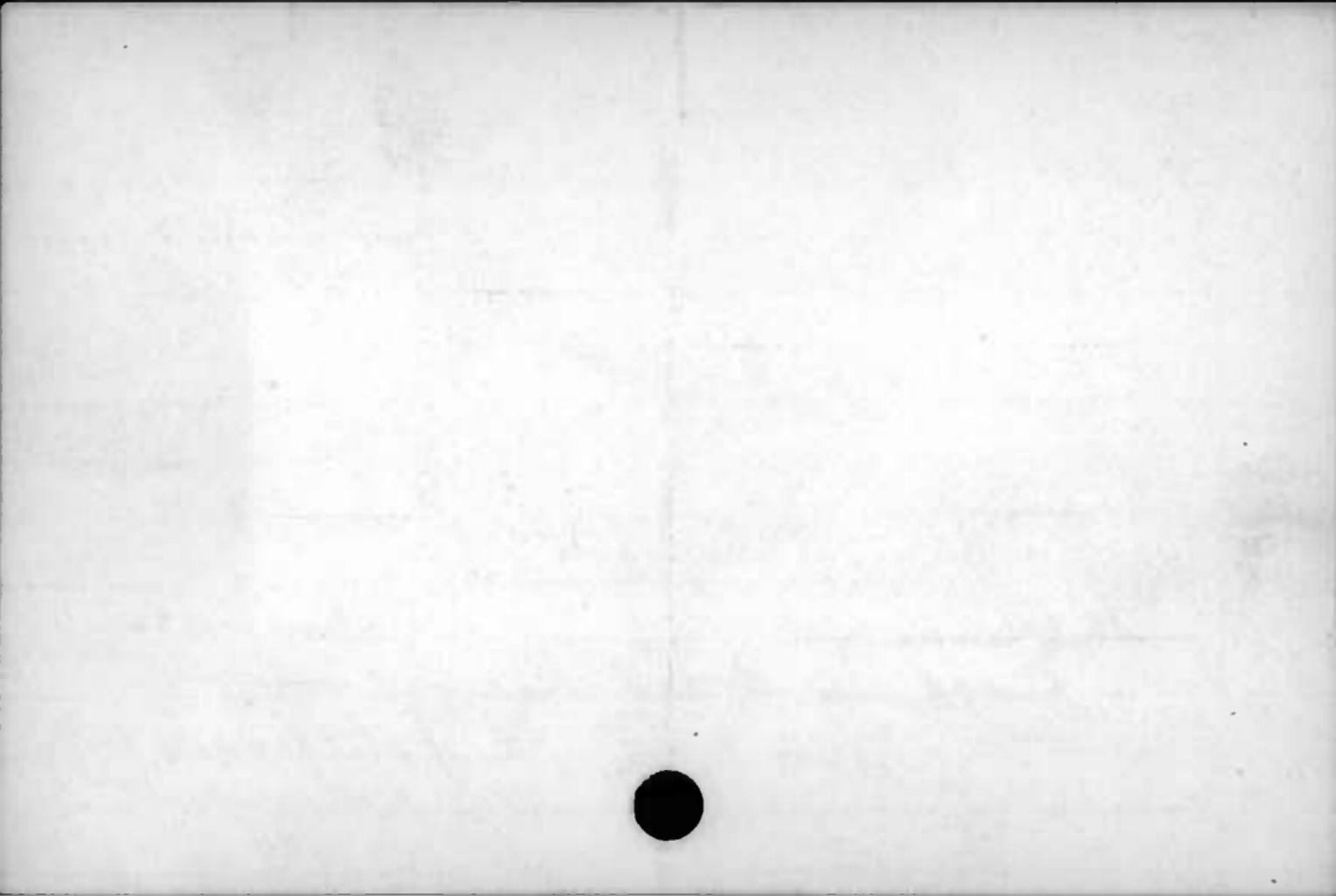
George Logan

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at		Sykesville	Baltimore				
Date of death	1905	Month 2	Day 1	Years	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Sykesville		
Occupation			Where Residing if not at place of death	212	Lough		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Theodore Logan		Father's Birthplace	Maryland			
Mother's Maiden Name	Lourenida Bentel		Mother's Birthplace	Maryland			
Name of person giving Information	Theodore Logan		How related to deceased	Father.			

CAUSES OF DEATH

Primary	Hydrocephalus.		How long	1 day.	
Immediate	Exhaustion		How long	3 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Dr. L. Grayson	
			Address	32 Lough	
Accident or Suicide?		✓	Sykesville		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John E. Lynch						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Died at		Grange	County		Baltimore			
Date of death	Month	Day	Age	Years	Months	Days		
1905	2	25	82	0	0	0		
Sex	Male	Color or Race	White	Birth- place	Pennsylvania			
Married, Single or Widowed	Married	Occupation	Gardener					
Name of Wife or Husband	Jane Lynch							
Father's Name	Not Known			Father's Birthplace	Not Known			
Mother's Maiden Name	"			Mother's Birthplace	"			
Name of person giving Information	Jane Lynch			How related to deceased	Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

XO

How long

About 4 weeks

Immediate

Cardiac Failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. Williams esq.
1117 Charlevoix St.

Accident or Suicide?

Decided

Mount Laurel
H. Sander & Sons

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Walter M. Clelland

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

1905

Month

Feb

Day

9

Years

5'

Months

3'

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Balto Co

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John M. Clelland

Father's
Birthplace

Balto Co

Mother's
Maiden Name

Eliza Earl

Mother's
Birthplace

" "

Name of person giving
Information

John M. Clelland

How related
to deceased

Father

CAUSES OF DEATH

Primary

Syphilis

How long

5 days

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

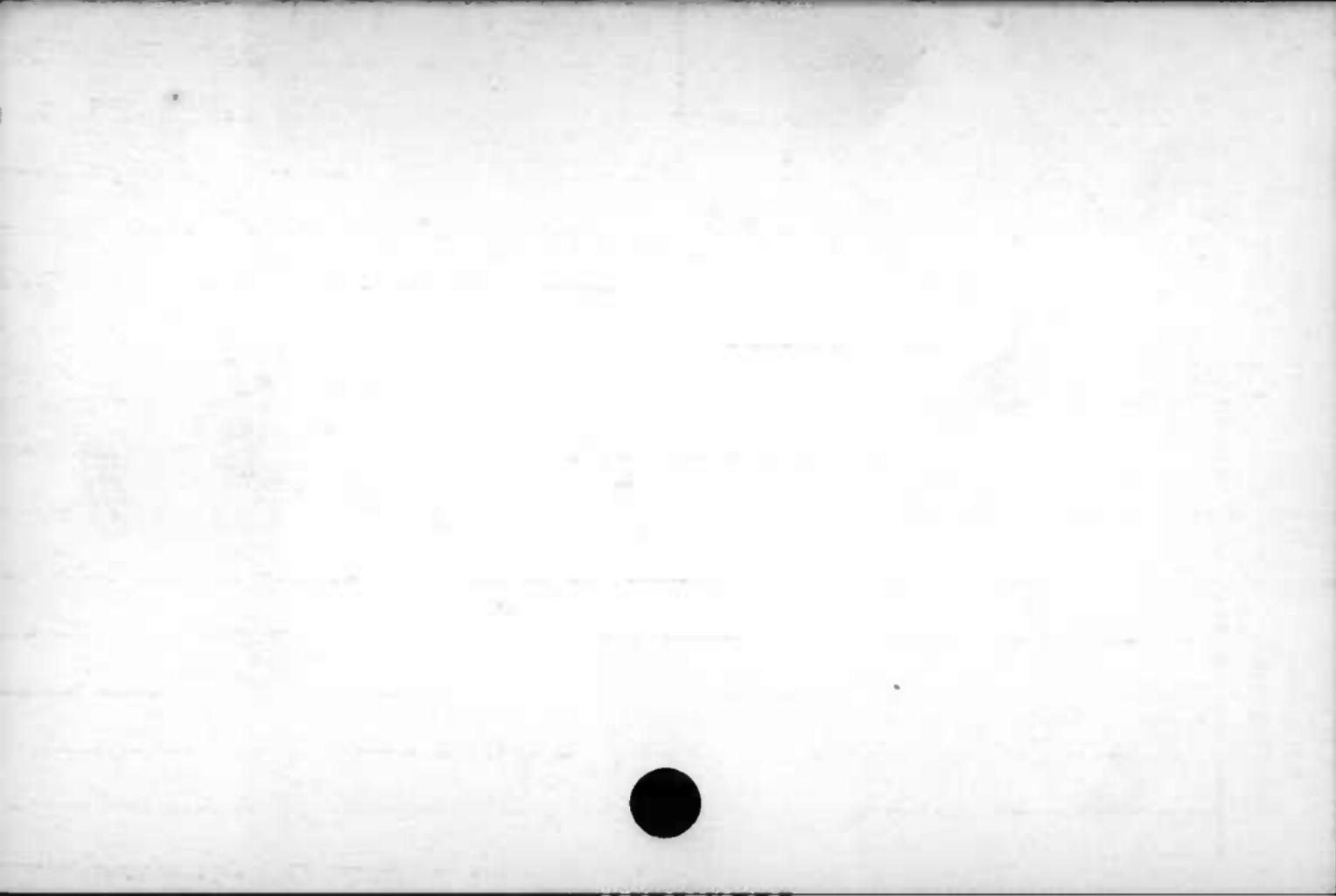
Signature of
Physician

Address

Richard M.
910. Canton St
Baltimore

Accident or Suicide?

No



Name
in
Full

John McDonnell

CERTIFICATE OF DEATH

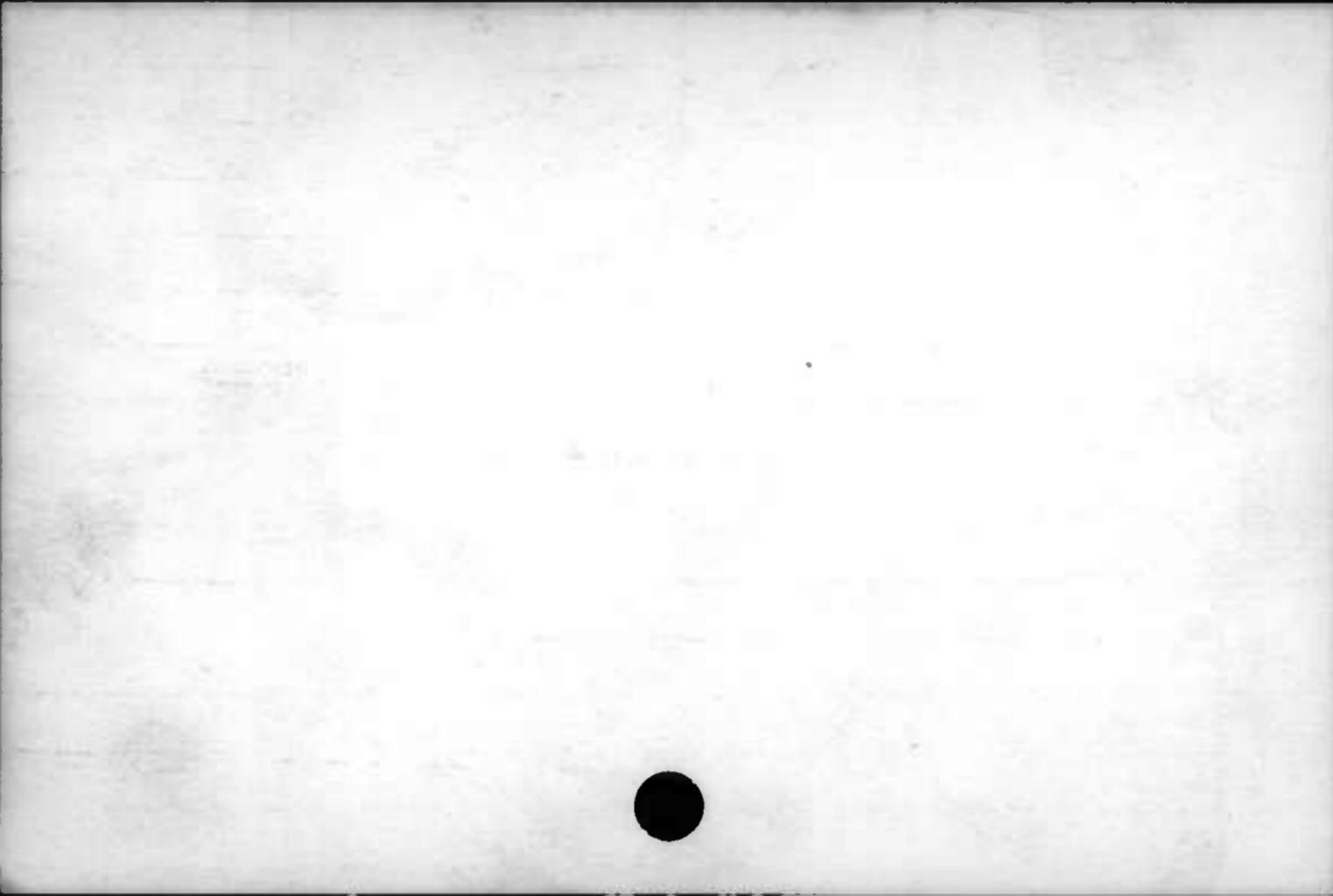
TO BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore		County Baltimore		MARYLAND	
Date of death 1905	Month Feb.	Day 2	Years Age 47	Months	Days
Sex Male	Color or Race White	Birth- place Ireland			
Occupation Laborer		Where Residing if not at place of death M. H. Joseph's College			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information John F. Casabig			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Liver	How long about four mo.
Immediate Exhaustion	How long XO
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John G. Holliday M.D.
	Address 714 Frederick Ave 1 Baltimore
Accident or Suicide?	



Name
in
Full

Catharine M. Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905	Month Feb	Day 26	Years Age	65	Months April	Days	
Sex Female	Color or Race White			Birth- place	Ireland		
Married, Single or Widowed Married	Occupation Domestic						
Name of Wife or Husband Mrs M. Dennis							
Father's Name			Father's Birthplace	—			
Mother's Maiden Name			Mother's Birthplace	—			
Name of person giving Information Sue			How related to deceased				

CAUSES OF DEATH

Primary Asthma + Valvular Disease of Heart	How long 2 yrs
Immediate	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. F. Burrey
Texas M.

Accident or Suicide?

Interment Feb. 28
at St Joseph Cemetery
Tucson Ariz

Mr. C. B.

Please return permit

Name
in
Full

Gulford McLaughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	white	Birth-place	Baltimore City	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Ready Ave ^{new} York Road					
Father's Name	Gulford McLaughlin					Father's Birthplace
Mother's Maiden Name	Mary E Miller					Mother's Birthplace
Name of person giving information	Ralph McLaughlin					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchopneumonia		How long
Immediate	Convulsions		3
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
		F E Hesser	
		235 Patterson Park	
Accident or Suicide?			

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,
606 & 608 W. LaFayette Ave.

TELEPHONE 1993:

St. Mary's Cemetery - Covington
std

Name
in
Full

William J Manohl

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
W. Winans		Baltimore				
Date of death	1905	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Age	1	1
Occupation	none	Where Residing if not at place of death			W. Winans	
Married, Single or Widowed	Singh	Name of Wife or Husband	none			
Father's Name	Michael J Manohl			Father's Birthplace	Baltimore Md	
Mother's Maiden Name	Mary A Schultz			Mother's Birthplace	Baltimore Md.	
Name of person giving Information	Mary A Manohl			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

193

How long

9 days

Immediate

Concussion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. E. Kniff M.D.
1002 W. Lawrence St
Baltimore Md.

Accident or Suicide?

Geo. Seimbach

Soudan Park

Name
in
Full

Joseph R. Marston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lutherville</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Febr</u>	Day <u>21st</u>	Age <u>91</u>	Years	Months Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Boston</u>	
Occupation <u>retired</u>	Where Residing if not at place of death <u>Sarah Marston</u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Sarah Marston</u>				
Father's Name <u>James Marston</u>					Father's Birthplace <u>Boston</u>
Mother's Maiden Name <u>Sarah Robey</u>					Mother's Birthplace <u>Boston</u>
Name of person giving information <u>Henry W. Marston</u>					How related to deceased <u>GrandNephew</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	<u>15X</u>	How long
Immediate <u>Bandsitis</u>	<u>15X</u>	How long <u>on a week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J. Chapman Peebles</u>
		Address <u>Lutherville Md</u>
Accident or Suicide?		

Henry W. Jenkins & Sons. Co

Funeral Directors

#233 W. Saratoga St

Baltimore Md

Funeral Feb 23rd

to Green Mount Cem.

Name
in
Full

George Matthew Mayer.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>16</u>	Years <u>27</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>Milwaukee Wis.</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>416 S. 1st. St.</u>				
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>Marguerite</u>				
Father's Name <u>Matthew</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>not ascertainable</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>wife</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>		How long <u>4 1/2 mos.</u>
Immediate	<u>Septicemia & exhaustion</u>		How long <u>last a week.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>S. W. Wright.</u>	
		Address <u>1023 Canton St.</u>	
Accident or Suicide?		<u>Baltimore Md.</u>	

C. Schuh

M. Carmel Cem.

Name
in
Full

Mary Merling

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1905	2	6	8		
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	Housewife		Where Residing if not at place of death	1316 - 4 th St.	
Married, Single or Widowed	Married	Name of Wife or Husband	A. Frank Merling		
Father's Name			Father's Birthplace	Germany	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	A. Frank Merling		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

2 weeks

Immediate

Exhaustion

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Jas L. Pease M.D.

Address

3rd and Vaughn
Highlandtown

Accident or Suicide?

No

J. D. Dewey from

Sacred Heart Candy

Name
in
Full

Thomas Meagher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Int Washington	Bald.				
Date of death	1905	Month 2	Day 10	Age 74	Years	Months	Days
Sex	Male	Color or Race	white	Birth- place Ireland			
Occupation	Flagman		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Margaret Meagher			
Father's Name	Unknown		Father's Birthplace Ireland				
Mother's Maiden Name	Unknown		Mother's Birthplace Ireland				
Name of person giving Information	Wm. Starr		How related to deceased Grandchild				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Stenosis	X	How long One year
Immediate	Heart failure	X	How long 2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. H. Becton	
		Address Int Washington	Md
Accident or Suicide?			

Mathew Fahy & Son.

Gorhamstown -

Name
in
Full

Lucy May Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at West Catonsville Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Feby.	15	19	10	15	
Sex	Female	Color or Race	White	Birth-place	Warren Co. Va.	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Harry J. Miller		Father's Birthplace	Va.
Father's Name	Siles H. Pomeroy				Mother's Birthplace	Va.
Mother's Maiden Name	Martha A. Lehen				How related to deceased	Sister.
Name of person giving information	Mrs Chas O'Connor					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis

How long

4 months
(at place of death)

Immediate

Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

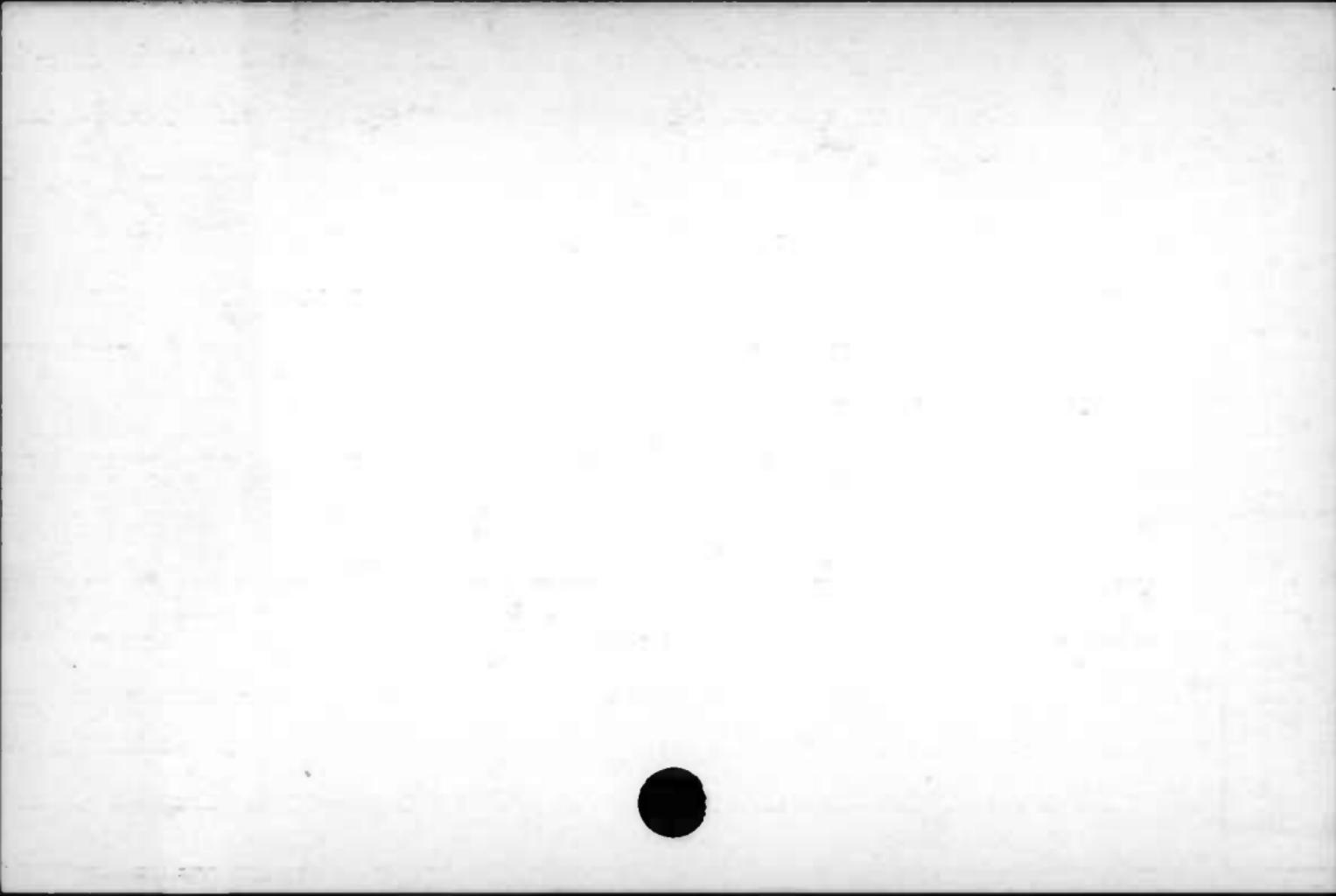
Signature of Physician

James W. Hammer

Address

Dickieville, Md.

Accident or Suicide?



Name
in
Full

Leo. Andreas Muller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>7</u>	Years <u>2</u>	Months <u>4</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Co Md</u>				
Occupation <u>None</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband					
Father's Name <u>John F. Muller</u>	Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Crecentia Burger</u>	Mother's Birthplace <u>"</u>					
Name of person giving information <u>Crecentia Muller</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronch- Pneumonia

How long

7 weeks

Immediate

Heart failure

How long

3

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Collenberg
1818 E Baltimore 85

Accident or Suicide?

No

Sacred Heart Cemetery
Feb. 9th 1905

Germanus France

Name
in
Full

Margaret Hagle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Calverton

Town Beth County Beth

MARYLAND

Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>28</u>	Age <u>53</u>	Years	Months	Days
---------------------------	------------------	---------------	---------------	-------	--------	------

Sex Female

Color or Race W.

Birthplace Md

Occupation Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband Wm. E. Hagle

Father's Name

Henry Frissell

Father's Birthplace

Germany

Mother's Maiden Name

Mary " Frissell

Mother's Birthplace

"

Name of person giving
Information

William Hagle

How related
to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

3 day

Immediate

" — "

How long

Are the name, age, sex, color, date
and place correctly given above?

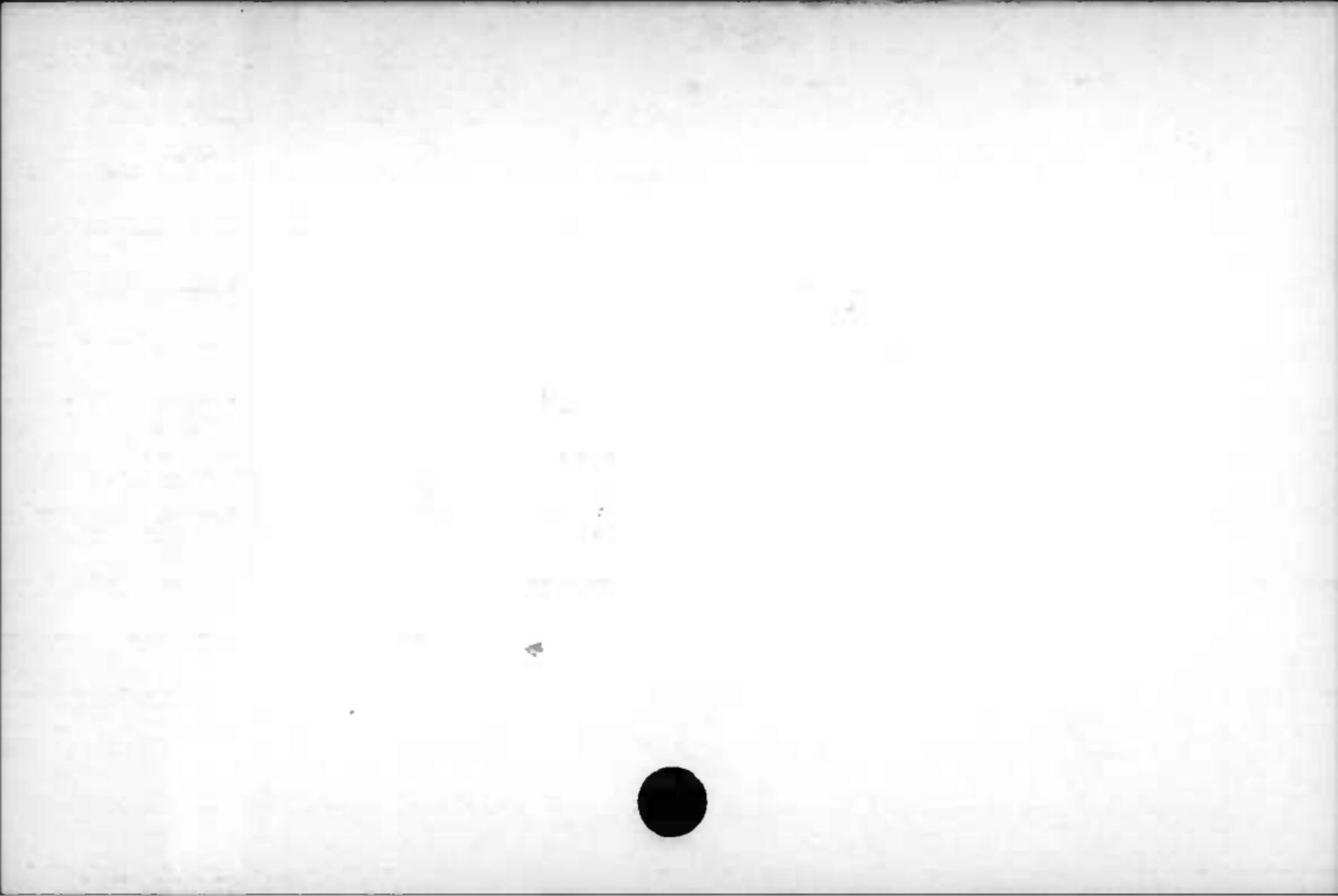
Signature of
Physician

Robert M. Allfeldt

Address

Calverton
Md

Accident or Suicide?



Name
in
Full

William Nolan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	Baltimore MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Feb.	15	Age 22		
Sex	Male	Color or Race	White	Birth-place	Washington D.C.
Occupation	Book-keeper		Where Residing if not at place of death	1433 Argyle Place	
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate	Exanthem	How long

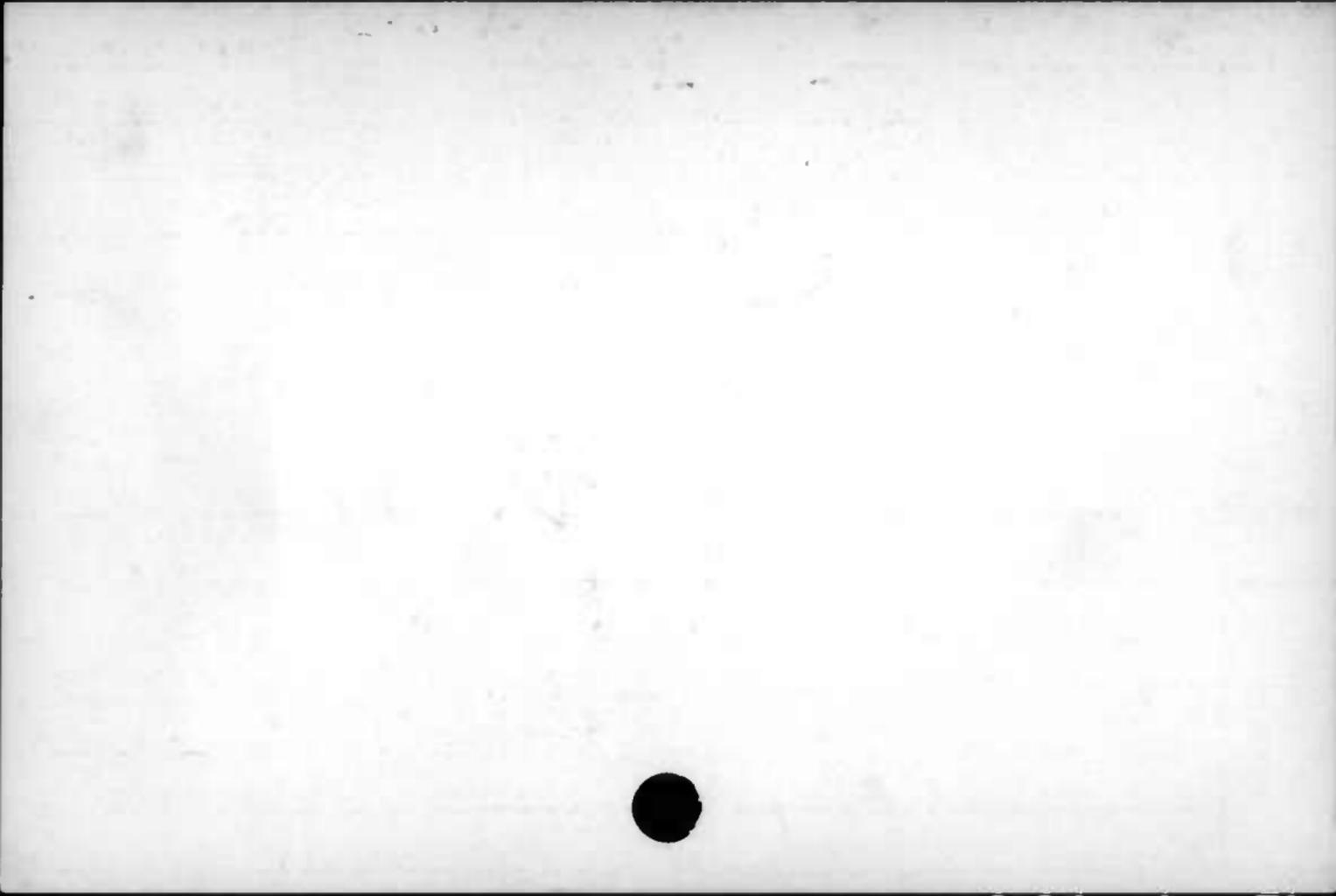
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. T. O'Mara M.D.
St. Agnes Hospital



Name
in
Full

Mrs Oldfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>McStone Retreat</u>		Town	County	MARYLAND	
Date of death <u>1903</u>	Month <u>2nd</u>	Day <u>22</u>	Years <u>60</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>New York -</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Norfolk Va</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband	Unknown			
Father's Name	Unknown				
Mother's Maiden Name	" "				
Name of person giving information	Reids McStone Retreat				
How related to deceased <u>not at all</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Melancholia -</u>	18	How long <u>Unknown -</u>
Immediate <u>Ex-Albunuraria & Urinary Cough</u>	60	How long <u>Not known only here</u>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <u>Frank J. Flannery MD</u>
		Address <u>McStone Retreat</u>
Accident or Suicide?		<u>Not known - Md.</u>



Mrs Mary A. O'Neill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Mount Hope Retirement Baltimore		County Baltimore		MARYLAND	
Date of death 1905	Month Feb	Day 28	Years 61	Months	Days
Sex Female	Color or Race White	Birthplace Del			
Occupation None		Where Residing if not at place of death 2716 Hudson St			
Married, Single or Widowed Widow	Name of Wife or Husband		Unknown		
Father's Name	Unknown		Father's Birthplace Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown		
Name of person giving Information	Reeds of Mt. Hope		How related to deceased Not at all		

CAUSES OF DEATH

Primary	Marina Chronic	How long	abt 5 yrs -
Immediate	Intestinal Dystenia x	How long	abt one wk -

Are the name, age, sex, color, date and place correctly given above?

Yes

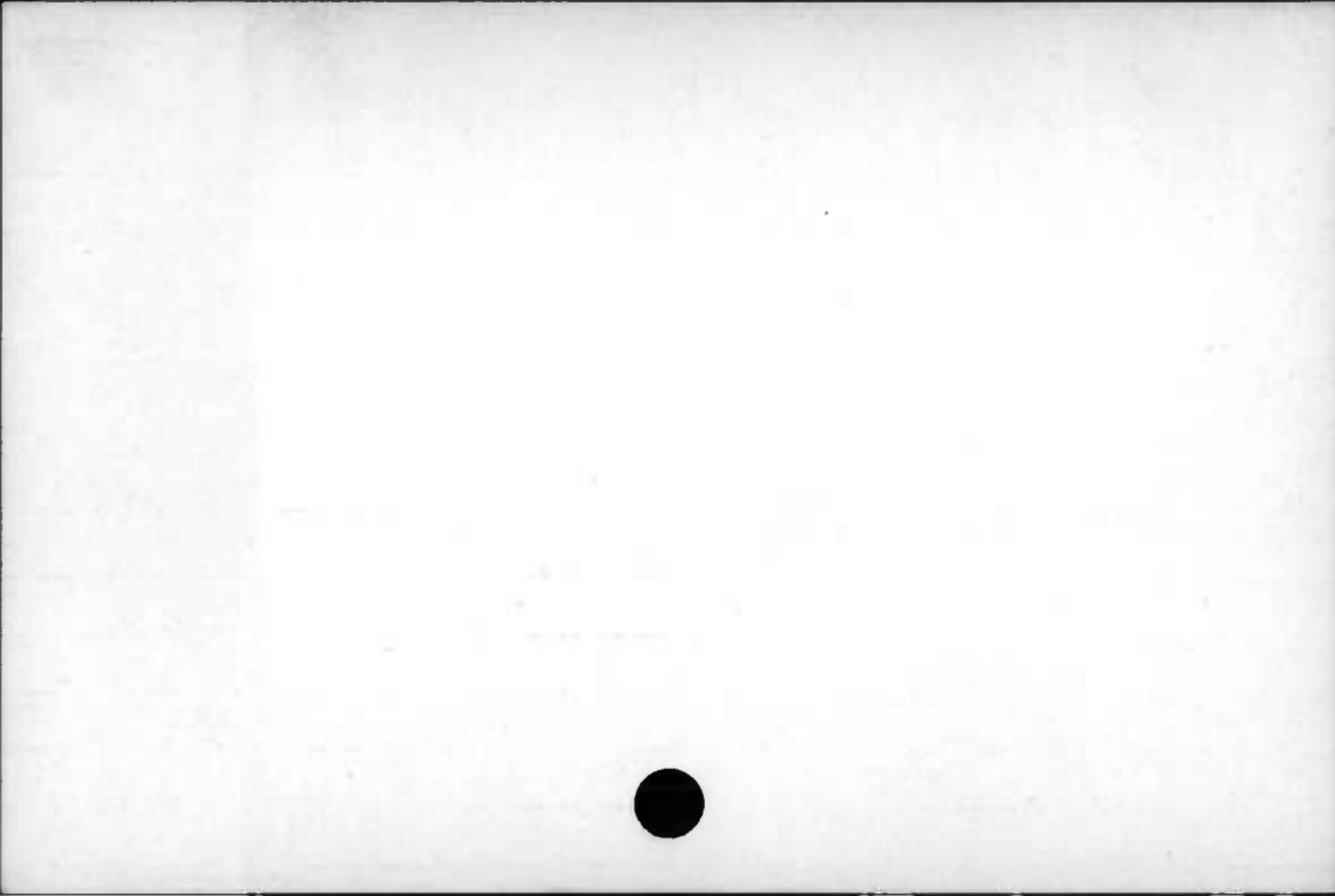
Signature of Physician

Jr. Dr. A. J. Flannery

Address

**Mount Hope Retirement
Baltimore Md -**

Accident or Suicide?



Name
in
Full

George Albert Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month February	Day 14	Years 32	Months 9	Days 26
Sex	male	Color or Race	white	Birth-place	Madison Mo	
Occupation	Educating Agent Steamboat Air Line					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Emily Garvey Pierce			
Father's Name	John Fabius Pierce				Father's Birthplace	Madison St.
Mother's Maiden Name	Eugenia S. Ayers				Mother's Birthplace	Glasgow Mo.
Name of person giving information	Emily H. Pierce				How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Greyhounds
Heart failure

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

19 hours

Accident or Suicide?

Henry W. Jenkins & Sons. Co
Funeral Directors

Interment at Green Mount Cem"

Thursday Feby 16th 1905

Baltimore Md.

James W. Goode

CERTIFICATE OF DEATH

Died at <u>Oregon</u>		Town		County		MARYLAND	
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>25</u>	Years <u>56.</u>	Age <u>56.</u>	Months <u>8</u>	Days <u>19</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>Butler Md.</u>			
Occupation <u>Laborer</u>			Residing if not in residence				
Married, Single or Widowed	Name or Wife of Husband						
Father's Name <u>Henry Powell</u>					Father's Birthplace <u>Butler Md.</u>		
Mother's Maiden Name <u>Lulu</u>					Mother's Birthplace <u>Don't Know</u>		
Name of person giving Information <u>Surgana Powell (93)</u>					How related to deceased <u>daughter</u>		

CAUSES OF DEATH

Primary	<u>Pneumonia (double)</u>	How long	<u>one week</u>
---------	---------------------------	----------	-----------------

Immediate	<u>Apnea</u>	How long	
-----------	--------------	----------	--

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. B. Drach
Butler Md.

Accident or Suicide?

To Bert Bericht
By Enver & Piri

at ~~your~~ ^{the} Bataan
Chapel

Name in Full

Certificate of Death

Maria Phillips
Baltimore Co., Maryland

MARYLAND

Died at

Town

County

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Male

2

10

84

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

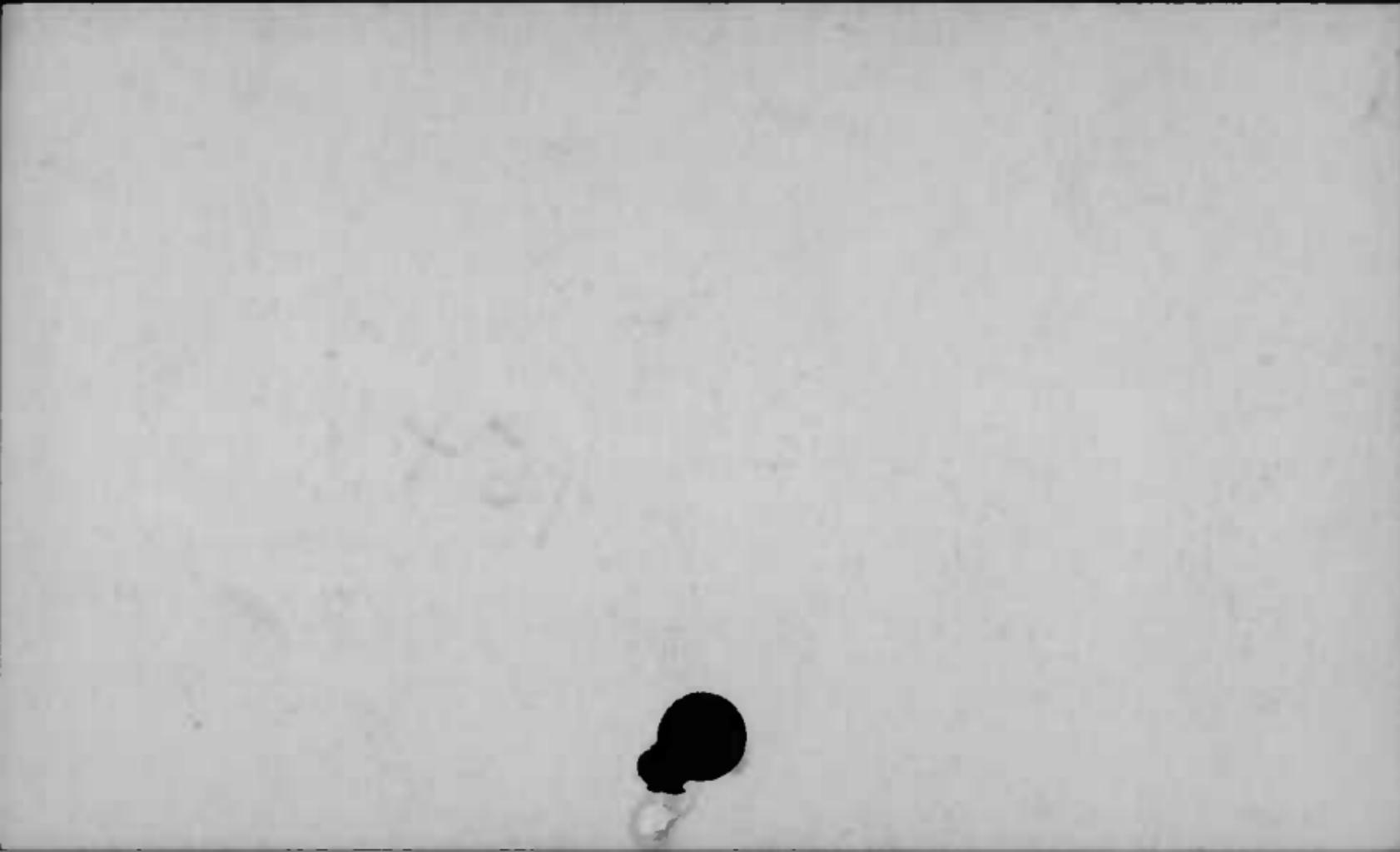
Address

Infirmity incident to old age

Dr. Thos C Bussell

Texas
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James. Reaney

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Shenwood</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>3</u>	Years	Age <u>—</u>	Months <u>—</u>	Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Shenwood</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>James. Reaney Jr</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Julia von Riesen</u>	Mother's Birthplace <u>Baltimore</u>					
Name of person living in formation <u>James Reaney Jr</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Hemorrhage</u>	<u>185</u>	How long <u>5 days</u>
Immediate	<u>Hemorrhage - from hemorrhoids</u>	<u>8 hours</u>	How long <u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr A. M. Reaney MD</u>	
		Address <u>2200 Eastern Rd</u>	
Accident or Suicide?			

Geo J. Smith

Laudon Park

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Agnes J. Riley					CERTIFICATE OF DEATH	
Died at			Town		County	
Date of death 1905	Month 2	Day 14	Age 33	Years	Months	Days
Sex	Female	Color or Race	White	Birth- place	England	
Married, Single or Widowed			Occupation	Dancer		
Name of Wife or Husband		Michael J. Riley				
Father's Name		Patrick O'Donnell				
Mother's Maiden Name		Mary O'Leary				
Name of person giving Information		Michael Riley				
CAUSES OF DEATH						
Primary	Tuberculosis					How long 1 Yr
Immediate						How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. F. Bussey M.D.
Seap. Md.

Accident or Suicide?

Funeral at Texas
Bells to Thursday
Feb 16th

Please return pronto
Mr. G. B.

Name
in
Full

Edith Rollins

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died <u>7 a.m. Feb 9th 1905</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Feb</u>	Day <u>17</u>	Age <u>18</u>	Years	Months <u>4</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Harford Co</u>				
Occupation <u>School girl</u>	Where Residing if not at place of death <u>Home</u>					
Married, Single or Widowed	Name of Wife or Husband <u>X</u>					
Father's Name <u>John Wesley Rollins</u>	Father's Birthplace <u>Harford Co</u>					
Mother's Maiden Name <u>Sarah Jane Gilbert</u>	Mother's Birthplace <u>Harford Co</u>					
Name of person giving information <u>Mother</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Some chronic trouble

How long 13m complaints for a year

Immediate Suddenly

How long one hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. L. Massengill

Rawson

Inquest held Feb 19 1905
Justice Jos B Herbert

Accident or Suicide?

Samuel Hemley

Harford Co

Name in Full

Certificate of Death

Joseph Rouffe
Baltimore Co. Maryland

Died at

own

County

MARYLAND

Date 1906

Month

Day

Y

M.

D.

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

FemaleColored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

2 days

Accident, Suicide, Homicide

Reported by

Address

Pneumonia

Dr. T. G. Bussy
Texas
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William H Ruby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1905	Month	February	Day	26 th	Years	74
Age	74	Color or Race	White	Months	five	Days	13
Sex	Male	Occupation	Editor	Where Residing if not at place of death	Towson		
Married, Single or Widowed		Name of Wife or Husband	Anna E Ruby	Father's Birthplace	York, Pa.		
Father's Name	Joseph Ruby			Mother's Birthplace	York, Pa.		
Mother's Maiden Name	Sarah Barnhart			Name of person giving information	Mrs. Kate S. Flayhart		
How related to deceased		Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic heart disease	How long	several years
Immediate	Cardiac Asthma & Heart failure	How long	several years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.W. Garrett
		Address	Towson Md'
Accident or Suicide?			

Henry W. Mearns. ~~Zoödækton~~
specimen at Cemetery.

Name
in
Full

Marie R. Sathers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Wash. D. C.

Town

County

MARYLAND

Date
of death

190

Month
of death

Feb

Day

3

Years

Age 30

Months

4

Days

16

Sex

Female

Color or
Race

white

Birth-
place

Baltimore Md

Occupation

Milliner

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Wm R. Sathers

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Jennie E. Mathilde

Mother's
Birthplace

Indiana

Name of person giving
Information

Jennie E. Sathers

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Influenza. Pneumonia.

How long

26 days

Immediate

Heart failure.

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John F. Ford
111 Washington St
Md

Accident or Suicide?

PHYSICIAN
OR CORONER

St Mary P. E. Lem
Jas Cook F. D.)

Name
in
Full

Frederick E. Saunenig

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Woodlawn	Town	Baltimore	County	MARYLAND	
Date of death	1905	Month Feb	Day 5	Years 70	Months 3	Days 18
Sex	Male	Color or Race	White	Birth-place	Baltimore Md	
Occupation	Where Residing if not at place of death					
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband		Josephine Saunenig			
Father's Name	Henry Saunenig		Father's Birthplace	Baltimore		
Mother's Maiden Name	Sarah Eischen		Mother's Birthplace	Baltimore		
Name of person giving information	Mrs. Josephine Saunenig wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

6 days

Immediate

Heart Failure

How long

15 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Harry Boyd
622 Columbia Street

Accident or Suicide?

Burial Loudon Park Cen.

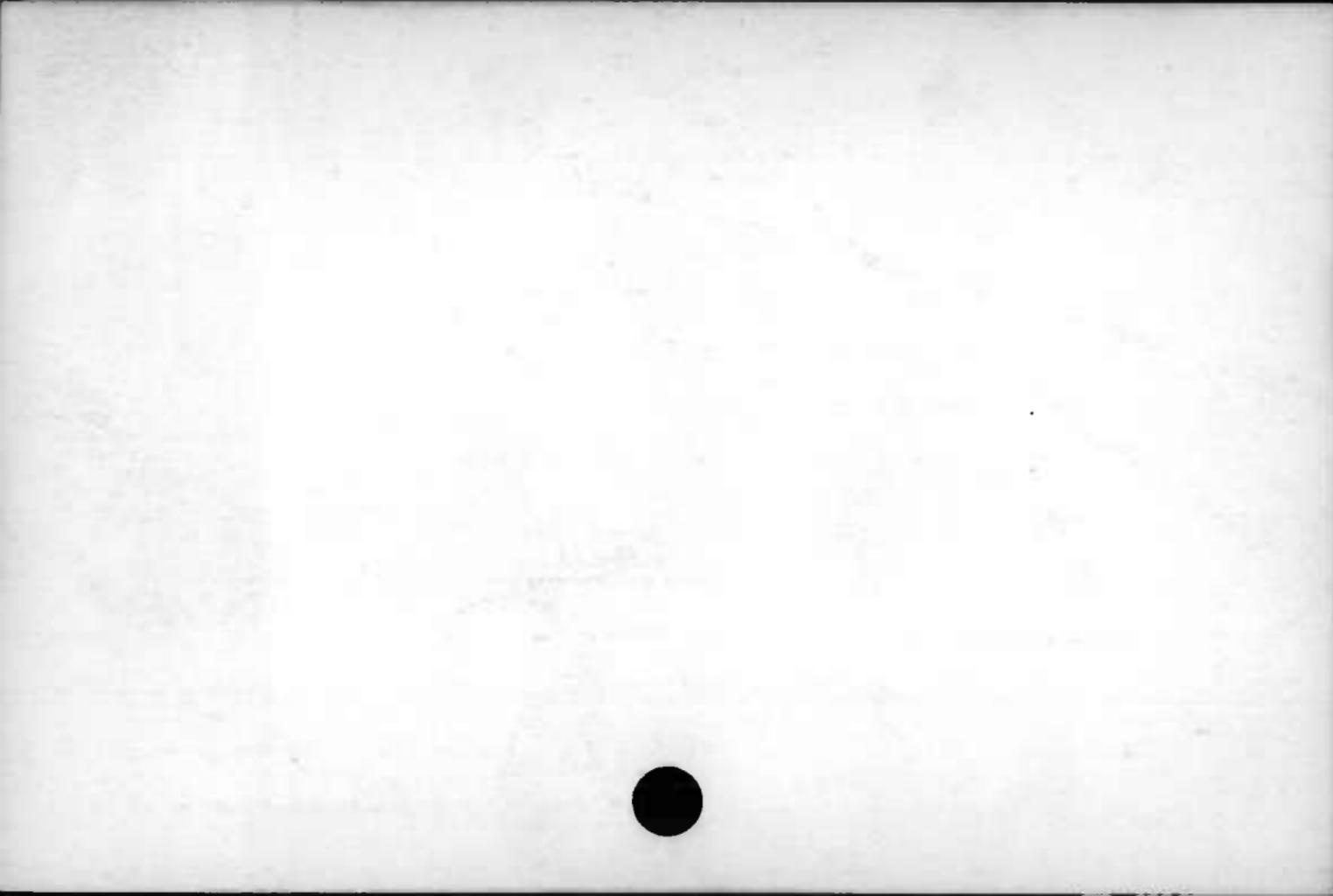
Jos Cook

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Saarber					CERTIFICATE OF DEATH			
Died at Hightower		Town Baltimore County Baltimore			MARYLAND			
Date of death 1905	Month 2	Day 10	Age —	Years —	Months 9	Days —		
Sex Male	Color or Race white		Birth-place Baltimore Co.					
Occupation —	Where Residing if not at place of death —							
Married, Single or Widowed —	Name of Wife or Husband —							
Father's Name John Saarber	Father's Birthplace Germany							
Mother's Maiden Name Abigail Melekin	Mother's Birthplace —							
Name of person giving information John Saarber	How related to deceased Father							
CAUSES OF DEATH								
Primary	Eclampsia			How long 1/2 hr				
Immediate	Cardiac Paralysis			How long —				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician F. A. Glantz				
				Address 41 Easter Ave. Ed.				
Accident or Suicide?								



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary E Shipley..

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Dickessville	Baltimore			
Date of death 1905	Month Feb.	Day 7	Years 76	Months 5	Days 13.
Sex	Female	Color or Race	White.	Birth-place	Maryland
Married, Single Widow	Widow.	Occupation	Wife		
Name of Wife or Husband	Benjamin Shipley				
Father's Name	Thomas Carroll				
Mother's Maiden Name	Nellie McFerrey				
Name of person giving information	Mrs Laura Pedenford				

CAUSES OF DEATH

Primary

Severe Inflammation of the

How long

3 days

Immediate

Respiratory Failure

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

R. C. Smith
Woodlawn Md.

Accident or Suicide?

Ridge Cem
Jos Block

d 70/11/26

Still Birth. Nine months gestation

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Canton		County	Balt		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Maryland			
Occupation	W		Birth-place	Canton		
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death			
Father's Name	Charles Smith		Father's Birthplace	Md		
Mother's Maiden Name	Annie Meyer		Mother's Birthplace	Md		
Name of person giving information	Charles Smith		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Difficult in delivery Face protraction	How long
---------	--	----------

Immediate	—	How long
-----------	---	----------

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
--	-----	------------------------

Address

David W. Jones
3116 O'Donnell St

Accident or Suicide?

Trinity Cemetery
J. Sander & Sons
Dr Athey
Hudson St & East Ave

Name
in
Full

Evelyn Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Gorans ^{Town} Locn		County	Baltimore	
Date of death	1905	Month Feb	Day 20	Years 45	Months 2
Sex	Female	Color or Race	white	Birth-place	Baltimore
Occupation	J -		Where Residing if not at place of death	at Residence	
Married, Single or Widowed	widow	Name of Wife or Husband	Philip Smith		
Father's Name			Father's Birthplace	Maryland	
Mother's Maiden Name	Evelyn Bramble		Mother's Birthplace	Germany	
Name of person giving Information	Howard Francis		How related to deceased	Son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright - Disease		How long	about 1 year
Immediate	Exhaustion from drooping		How long	a few weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. H. Duncan	
Address			Gorans Town Md	
Accident or Suicide?				

Dear George
Molesteller
Dr. E. J. Patchen
—
Huberman
Dale Carnegie

—

Dr. Peas. Memorandum: Theological
Seminary, Rochester, N.Y.

Name
in
Full

Catherine Elizabeth Spamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Birth- place				
Married, Single or Widowed	Occupation						
Name of Wife or Husband	Henry Spamer						
Father's Name	John Steinberg		Father's Birthplace	Germany			
Mother's Maiden Name	Anzia Hoffmann		Mother's Birthplace	"			
Name of person giving Information	Fred. Kanner		How related to deceased	son in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hepatic Cancer

How long

XO

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

B. L. Sundichum
Roland Park, Md.

Accident or Suicide?

Dr. Thudichum
302 Woodlawn Rd

Hamel-A. Sprinkle

Town

County

Died at Hoffmannville

Baltimore

MARYLAND

Died at

1905

Month

Day

Y.

M.

D.

Native of

Date 1890

Feb 11

72

4

24

Maryland

Occupation

Housewife

2

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer

How long sick

4 weeks

Death

Immediate

Sciatica

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



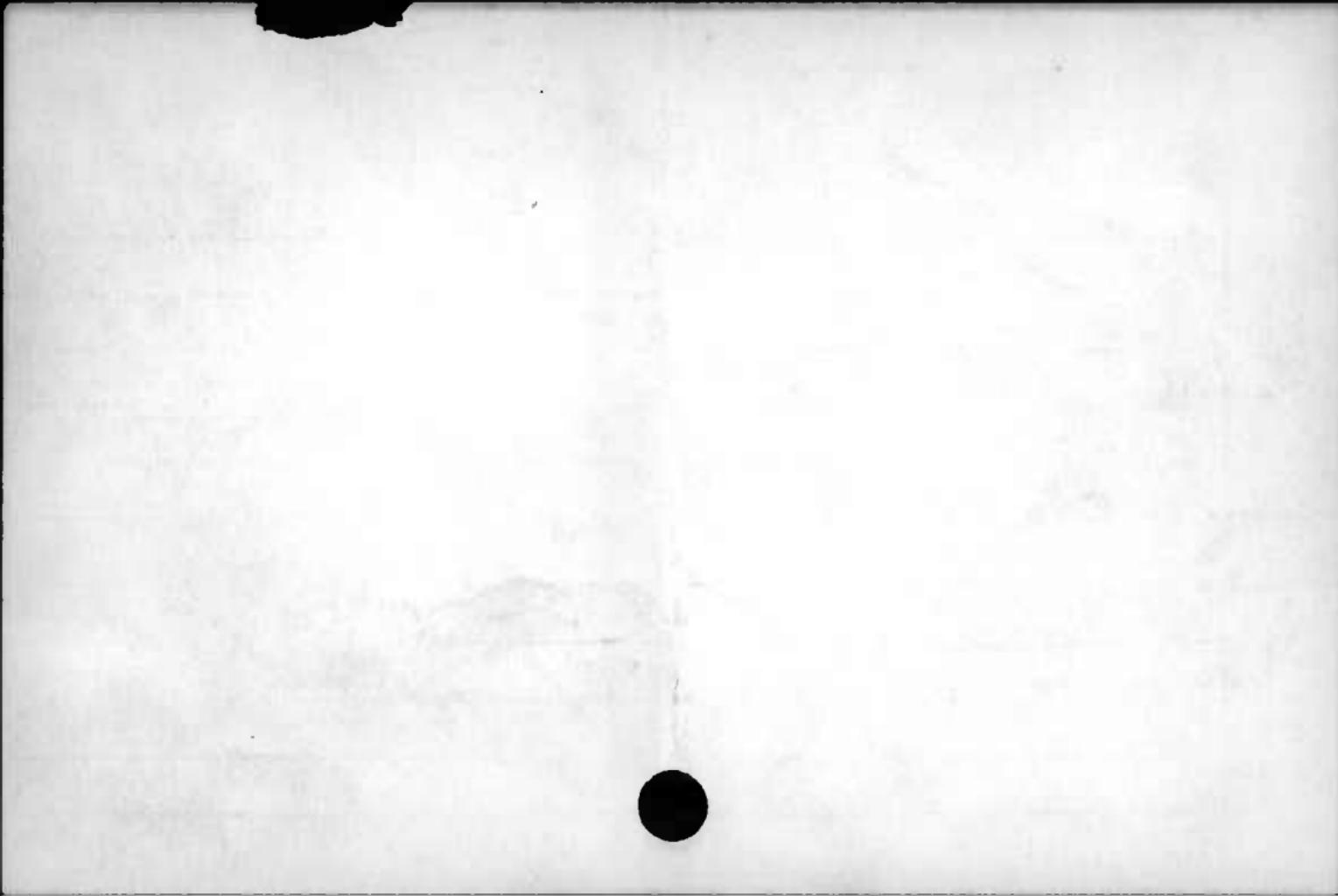
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Spurred Point</u>		County <u>Baltimore</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>11</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Spurred Point</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
<u>Married, Single or Widowed</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Sam'l. Strumbough</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>F. Lammie Pierce</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Sam'l. Strumbough</u>			How related to deceased <u>Father</u>		
CAUSES OF DEATH					
Primary	<u>Strickler S.</u>		How long <u>—</u>		
Immediate			How long <u>—</u>		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>F. C. Eddud M.D.</u> Address <u>Spurred Point</u>		
<u>Yes</u>					
<u>Accident or Suicide?</u>					



Benjamin Tanner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
		Roland Park	Balto.			
Date of death	Month	Day	Years	Age	Months	Days
1905	Feb	7	82		3	7
Sex	Male	Color or Race	white	Birth- place	Philadelphia	
Occupation	Clerk	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Mary E Tanner			
Father's Name	Benjamin Tanner		Father's Birthplace	New York City		
Mother's Maiden Name	Mary Bioren		Mother's Birthplace	Don't Know		
Name of person giving Information	Mary E Tanner		How related to deceased	wife		

CAUSES OF DEATH

Primary	Paralysis	How long
Immediate	Coma - Collapse	7 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Wm H. Foddermain M.D.

800 1st Ave

Accident or Suicide?

Chas E Franck

746 H Eaton

Greenwood

Name
in
Full

Elizabeth B Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Feb.	27	68	2	29	
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	Wife	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Matthew Taylor.	Father's Birthplace	Md.	
Father's Name	Isaac Brown	Mother's Birthplace				
Mother's Maiden Name	Leserell.	Md.				
Name of person giving information	Fannie Hooper	How related to deceased				
Daughter.						

CAUSES OF DEATH

Primary	Pneumonia		How long
Immediate	Heart Failure		4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr H Boyd	
		Address 602 Orleans	
Accident or Suicide?			

London Park Cen

J. S. Blashk.

Taylor, Mary

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Leatonsville	County Brentwood	MARYLAND	
Date of death	Month 1905 Feb	Day 13	Age 68	Months Days
Sex	Female	Color or Race Col'd	Birth-place Va	
Occupation	Housewife		Where Residing if not at place of death	x
Married, Single or Widowed	Married	Name of Wife or Husband	X	
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dementia		How long	1 yr
Immediate	Valvular Disease of Heart		How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Percy Nade
			Address	Leatonsville, Md
Accident or Suicide? No				

Annie L. Ihmoeen

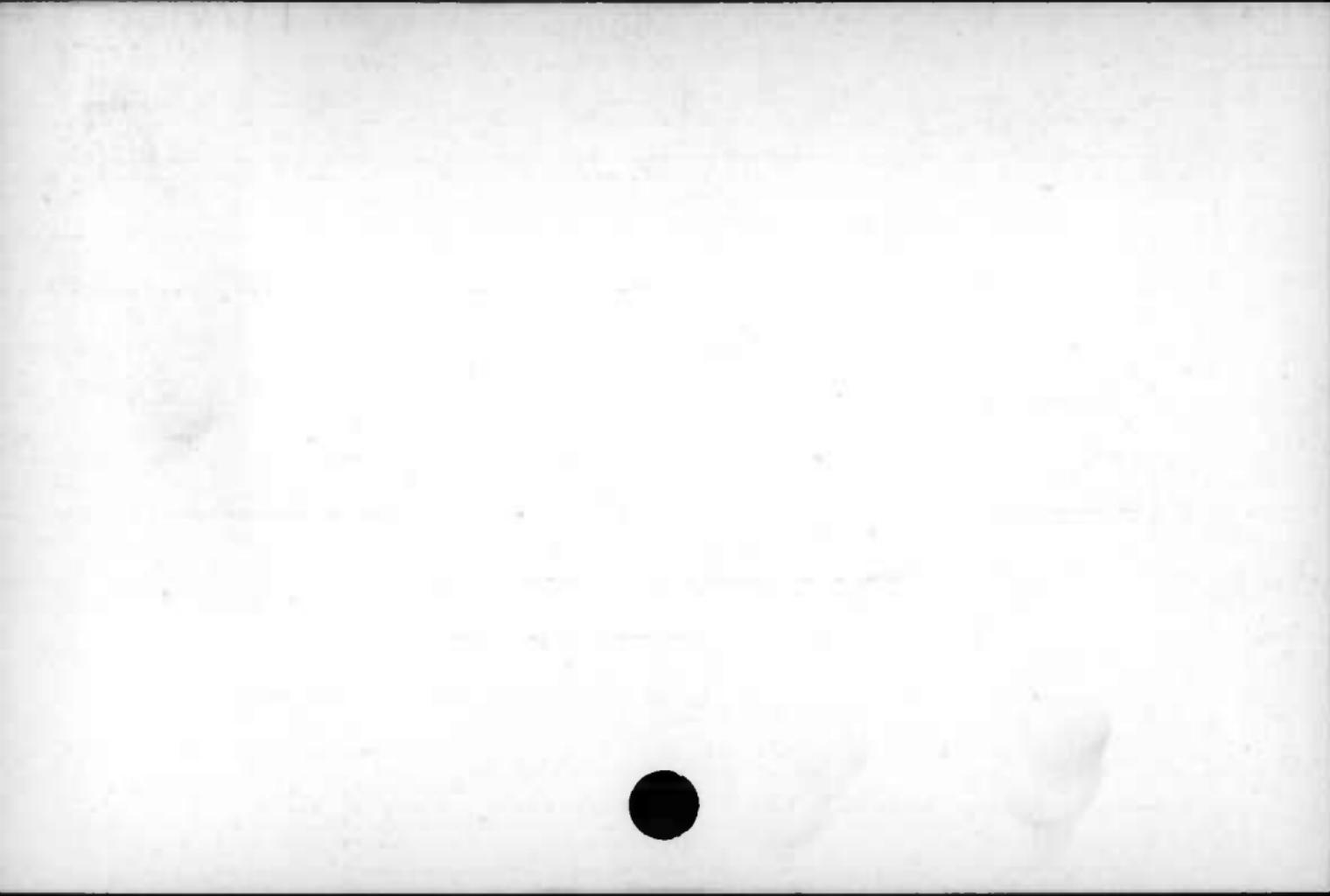
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1905		7 " 26	24	Age 56	unknown	unknown
Sex	Female	Color or Race	white	Birth-place	Pa	
Occupation	none	Where Residing if not at place of death			Pittsburgh Pa	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	unknown	68			Father's Birthplace	unknown
Mother's Maiden Name	"	68			Mother's Birthplace	"
Name of person giving information	Reeds of Mt. Hope				How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Main Chronic Cardiac Hypostatic	How long	abt 25 yrs
	Immediate	Cardiac Atherosclerosis Congest. Lung.	How long	4 or 5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J. Flannery MD	
		Address	Mt. Hope Retreat Mt. Hope Md -	
Accident or Suicide?				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

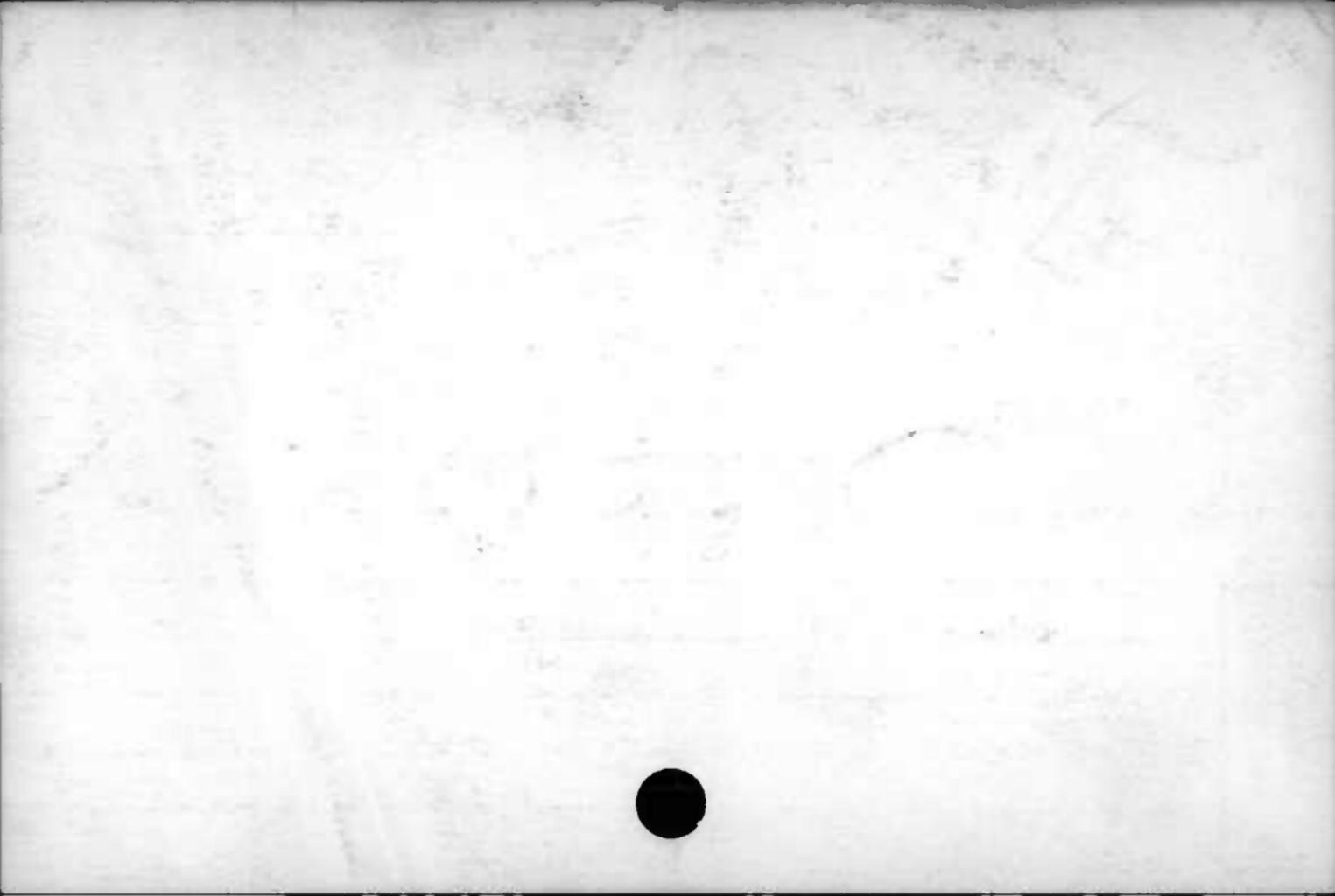
Cecelia Thomas

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1904	Month 2	Day 1	Years 2	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	Catawsville Md
Occupation	—		Where Residing if not at place of death		—	
Married, Single or Widowed	—		Name of Wife or Husband		—	
Father's Name	—				Father's Birthplace	
Mother's Maiden Name	Sarah Thomas				Mother's Birthplace	
Name of person giving Information	Alaud Band		97		How related to deceased	

CAUSES OF DEATH

Primary	Broncho Pneumonia		How long	six days
Immediate	Convulsions		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. L. Stultz M.D.	
		Address	Catawsville Md	
Accident or Suicide?	✓			



Name
in
Full

Mrs. Lettie A. Thomas.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death			Cattavilla		
Married, Single or Widowed	Name of Wife or Husband		Mrs. Lettie A. Thomas			
Father's Name	Mr. Hawthorne			Father's Birthplace		St. Louis, Mo.
Mother's Maiden Name	Sam & Hawthorne			Mother's Birthplace		St. Louis, Mo.
Name of person giving information	John H. Payton			How related to deceased		Son-in-Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer -	How long
Immediate	Edentate person	How long

Are the name, age, sex, color, date and place correctly given above?

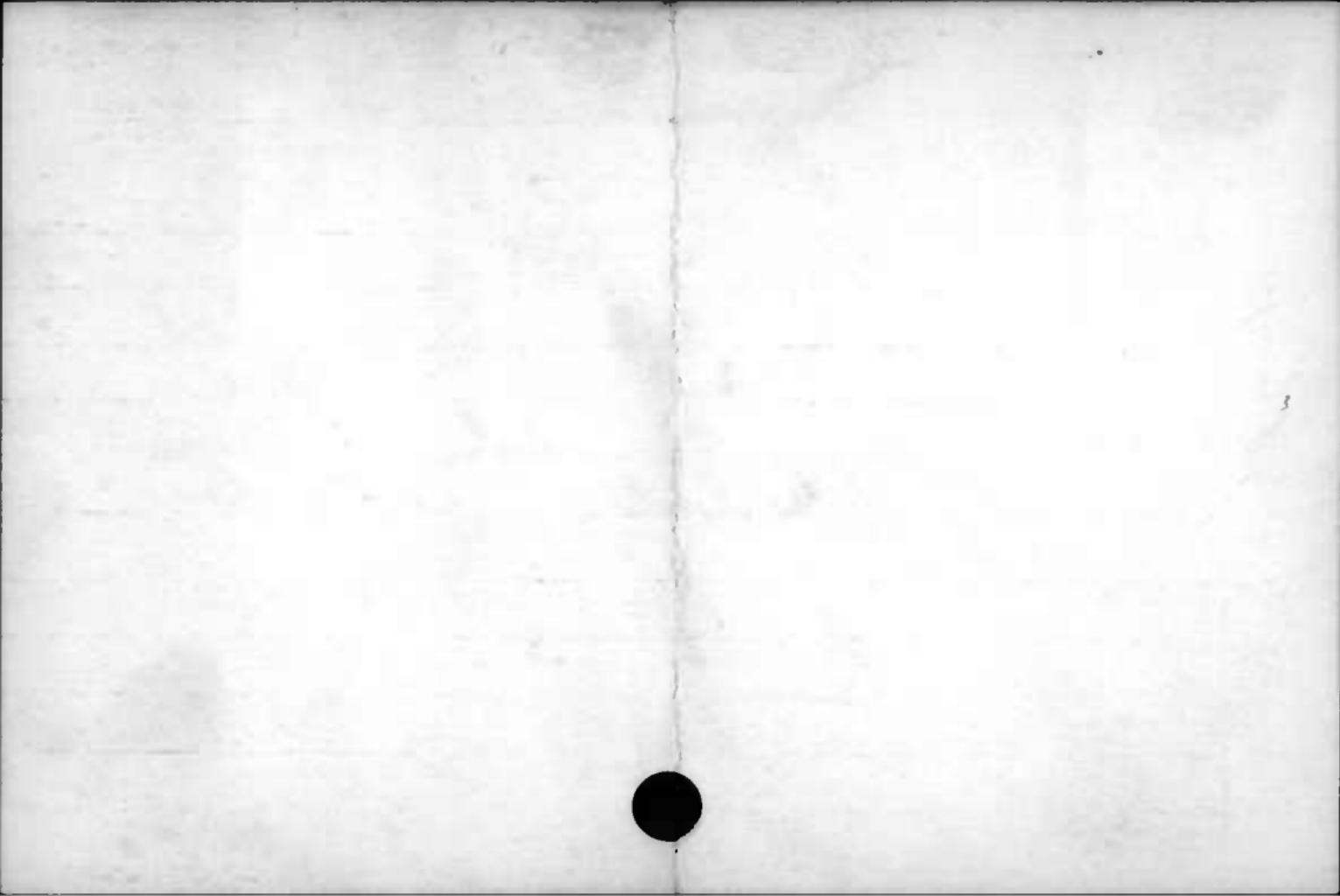
Signature of Physician

V. R. Lessore M.D.

Address

Gardinerville,
Baltimore Co.

Accident or Suicide?



Name
in
Full

Anna E. Van Lill.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Catonsville

Town

County

Baltimore

Date of death 1905 Month Feb Day 16

Age 79 Years

Months

Days

Sex Female

Color or Race

White

Birth-
place

Pennsylvania

Occupation

Where Residing if not
at place of death

Catonsville

Married, Single
or Widowed

Name of Wife or
Husband

Steven J. Van Lill

Father's
Name

Wolfgang Van Lill

Father's
Birthplace

Penn.

Mother's
Maiden Name

Catherine Arnold

Mother's
Birthplace

Penn.

Name of person giving
Information

S. J. Van Lill.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Progressive Anæmia

How long

2 years

Immediate

Exhaustion

How long

12 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. Whitley
Catonsville
Md

Accident or Suicide?

Burial at Bowmore

Dr. Grah

William Coop

Mary

Name
in
Full

Torungs Vernillioic

CERTIFICATE OF DEATH

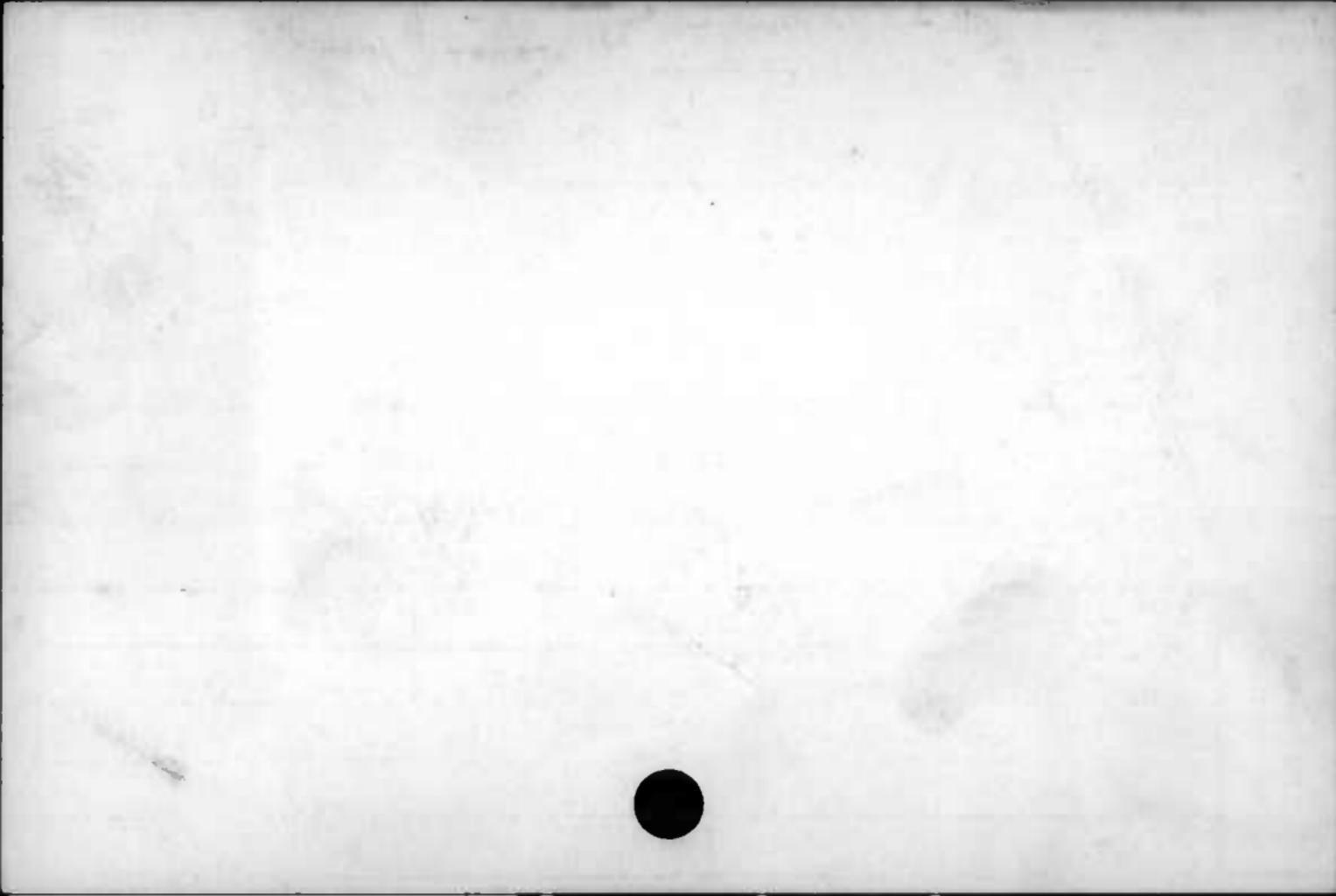
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1905	Month Feb.	Day 11.	Age 63	Years Months Days
Sex	Male	Color or Race	White	Birth-place	Md..
Married, <input checked="" type="checkbox"/> or Widowed	Married.		Occupation	Farmer	
Name of Wife or Husband	Mary A. Vernillioic				
Father's Name	J. Vernillioic				
Mother's Maiden Name	Alice La Grange				
Name of person giving information	Mary A. Vernillioic				

CAUSES OF DEATH

Primary	Brights Disease (Siphilitic)		How long
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. J. Habb
		Address	Randallstown Colper -
Accident or Suicide?	<input checked="" type="checkbox"/>		



Name
in
Full

Harry J. Wagner

CERTIFICATE OF DEATH

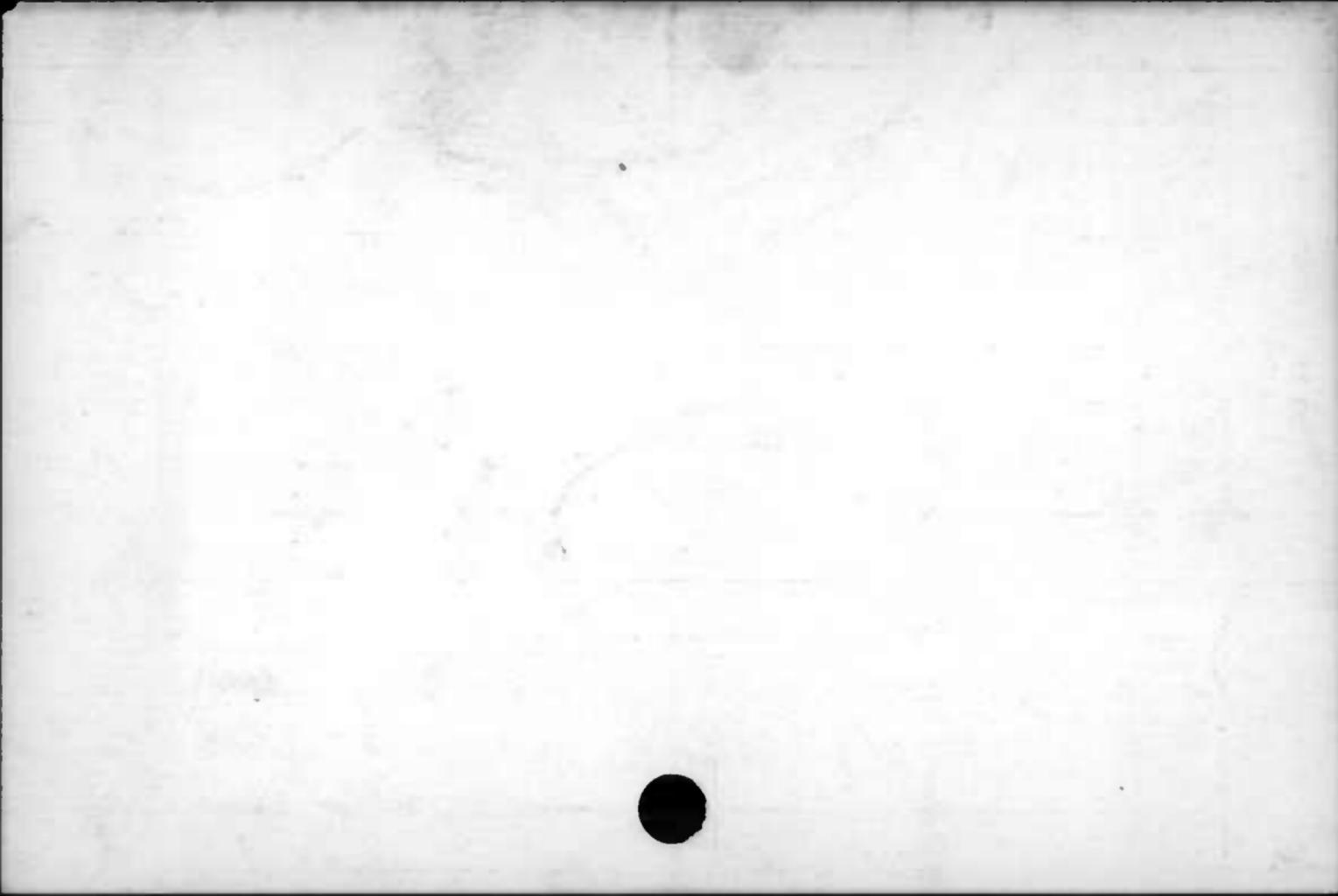
To BE ANSWERED BY
NEAREST FRIEND

Died at	Canton		Baltimore		MARYLAND	
Date of death	1905	Month Feb.	Day 9	Years 19	Months 10	Days 19
Sex	Male	Color or Race	white		Birth-place	Baltimore
Occupation	Labour		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	C. B. Wagner		Father's Birthplace Baltimore			
Mother's Maiden Name	Katie Funkh		Mother's Birthplace "			
Name of person giving Information	C. B. Wagner		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tractured Skull		How long	—
Immediate	Paralysis of the Heart		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Coroner John Mueller Address 216 O'Donnell st		
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Harriett Wallace

CERTIFICATE OF DEATH

Died at <u>Oregon</u>		County <u>Benton</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>2</u>	Day <u>10</u>	Years <u>13</u>	Months <u>11</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birthplace <u>Harrisburg Pa</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>	Father's Birthplace <u>Glenwood Pa</u>			
Father's Name <u>Edward Wallace</u>	Mother's Maiden Name <u>Elzie Smith</u>	Mother's Birthplace <u>Bowing Boro</u>			
Name of person giving information <u>Ed. Wallace</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary	<u>Pneumonia</u> (93)	How long <u>One week</u>
Immediate	<u>Double Pneumonia (Apted)</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Dral. M.D.</u>
		Address <u>100 Beech Hill</u>
Accident or Suicide? <u> </u>		

To Be Printed
By Ernest Lick
at Coby

Name
in
Full

Margaret Wallace

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Rockdale	Baldo		Months	Days
Date of death	Month	Day	Years	
1905	2	2	81	
Age				
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Don't know	
Father's Name	Not known			
Mother's Maiden Name	" "			
Name of person giving Information	Geo. L. Rose			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	6 days.
Immediate	Hemorrhage of brain	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. J. Hebb
		Address	R. Landallstown
Accident or Suicide?			



Name
in
Full

Walter

CERTIFICATE OF DEATH

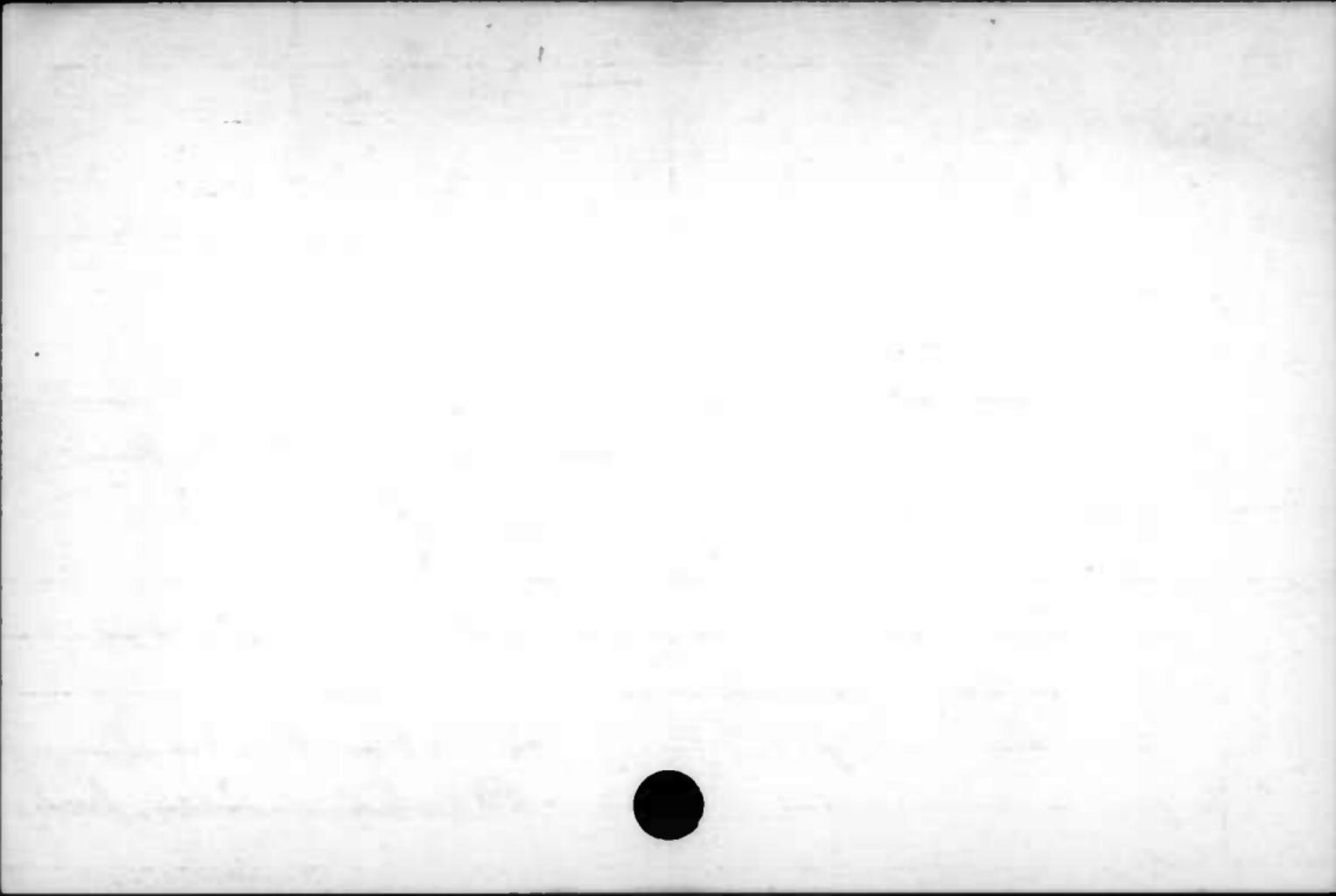
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Baltimore</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Feb.</u>	Day <u>4</u>	Age <u>Years</u>	Months <u>1</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Md.</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>John Walton</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Maggie Cormwell</u>	Mother's Birthplace <u>Pa.</u>					
Name of person giving information <u>John Walton</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary <u>Premature Birth</u>	How long <u>1 day</u>
Immediate <u>Premature Birth</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W.Willard Shantz</u>
	Address <u>Shane, Md.</u>
Accident or Suicide?	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Wilton Granner

CERTIFICATE OF DEATH

Died at Black Rock Town Balto County
Date Month Day Years Months Days
of death 190 1 2 26 Age 1 2

Sex Male Color or Race White Birth-place Black Rock, Md.

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name Charles E. Granner

Father's Birthplace Balto City

Mother's Maiden Name Martha Wilhelm

Mother's Birthplace Black Rock, Md.

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary Conjestion of lungs How long 3 days

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above?

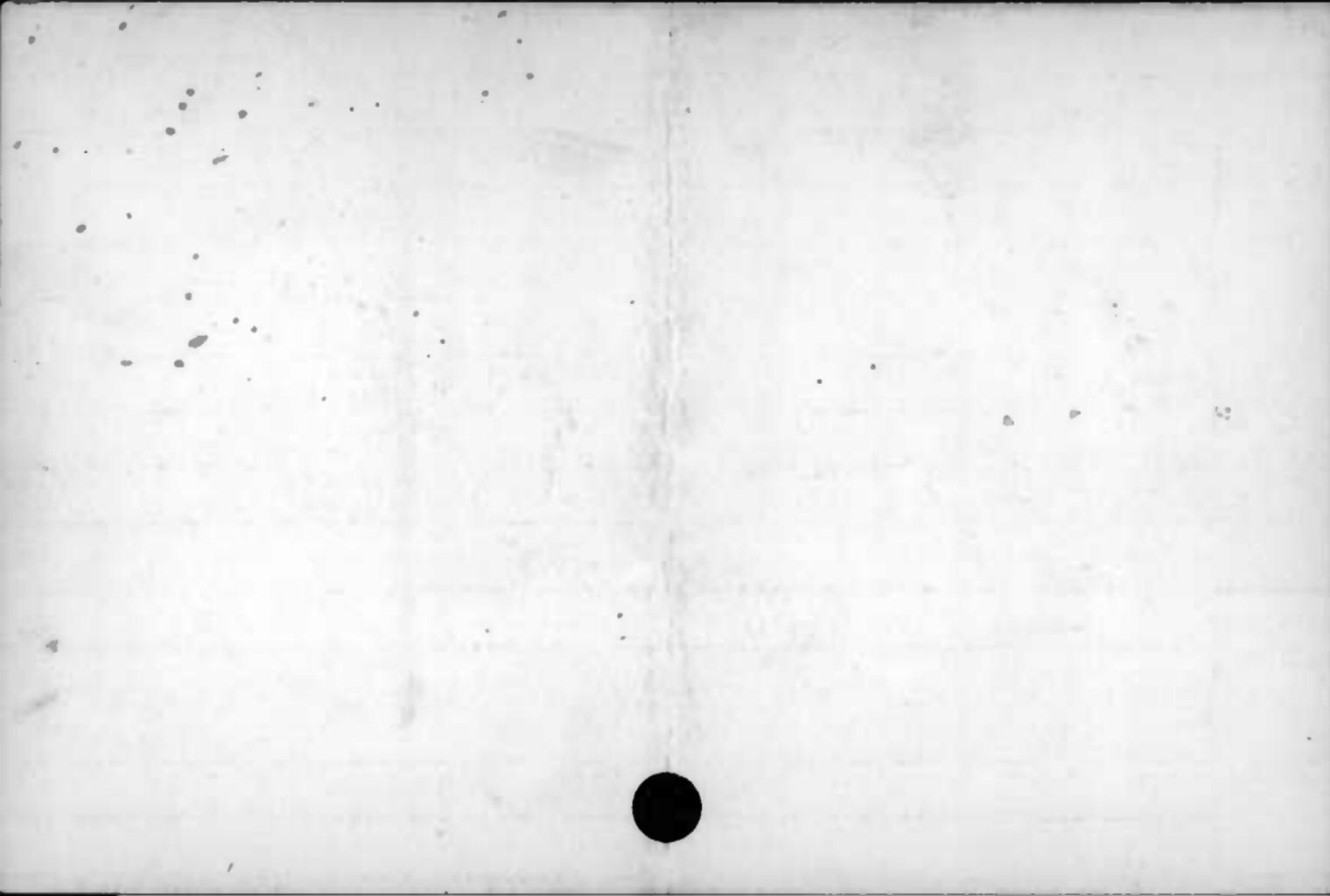
yes

Signature of Physician

Address

Franklin H. D.
Baltimore, Md.

Accident or Suicide?



Name
in
Full

Richard W. Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pikesville</u>		Town <u>Pikesville</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>2</u>	Day <u>7</u>	Age <u>62</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Baltimore</u>		
Married, Single or Widowed <u>—</u>		Occupation <u>Lawyer</u>				
Name of Wife or Husband <u>—</u>						
Father's Name <u>Wesley Watkins</u>			Father's Birthplace <u>Baltimore</u>			
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>			
Name of person giving information <u>R. W. Watkins</u>			How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease Smoker obesity

How long

several years

Immediate

Signature of Physician

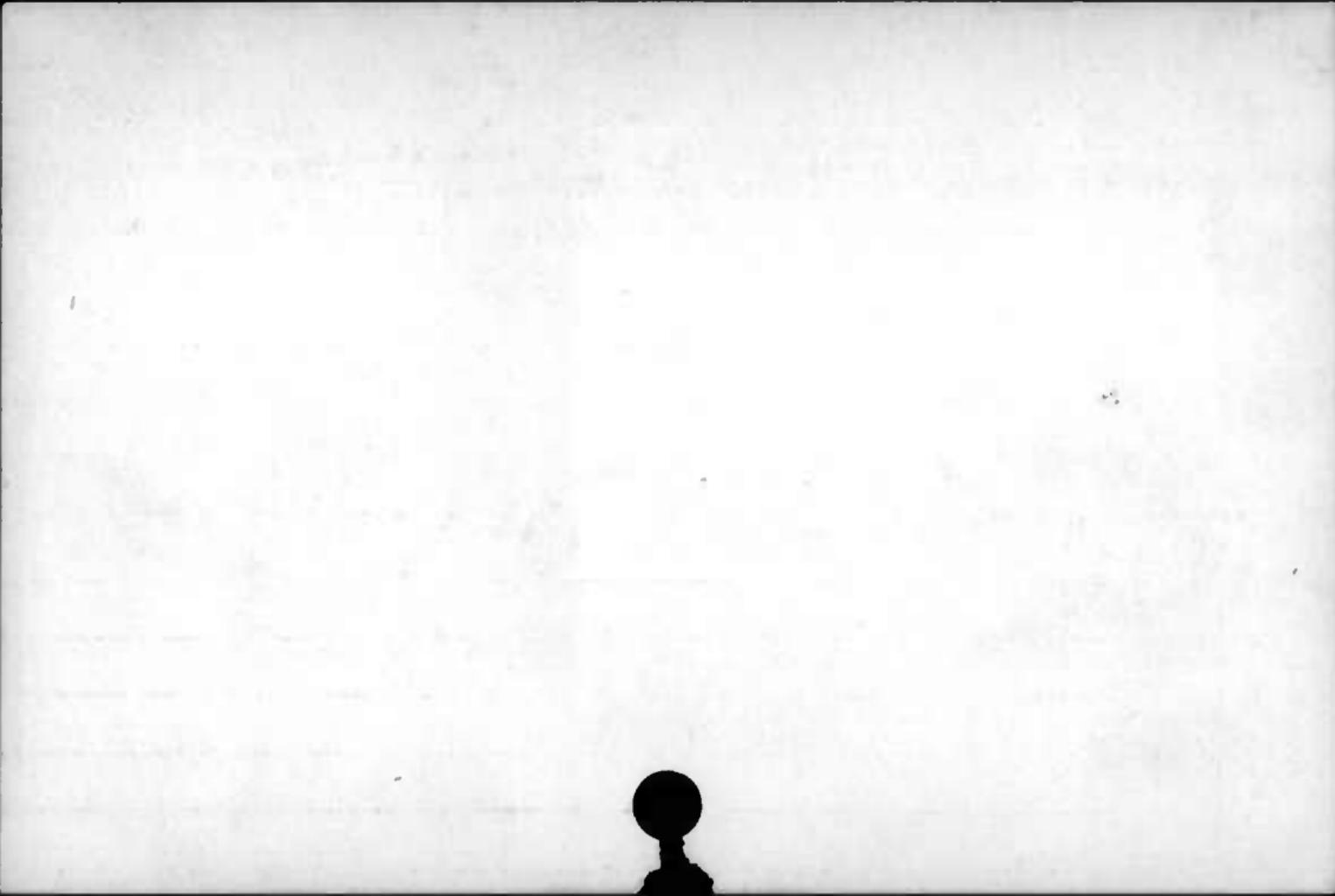
Address

Are the name, age, sex, color, date and place correctly given above?

yes

J. S. E. M.
Bethesda Md

Accident or Suicide?



Name
in
Full

Martha Walls

CERTIFICATE OF DEATH

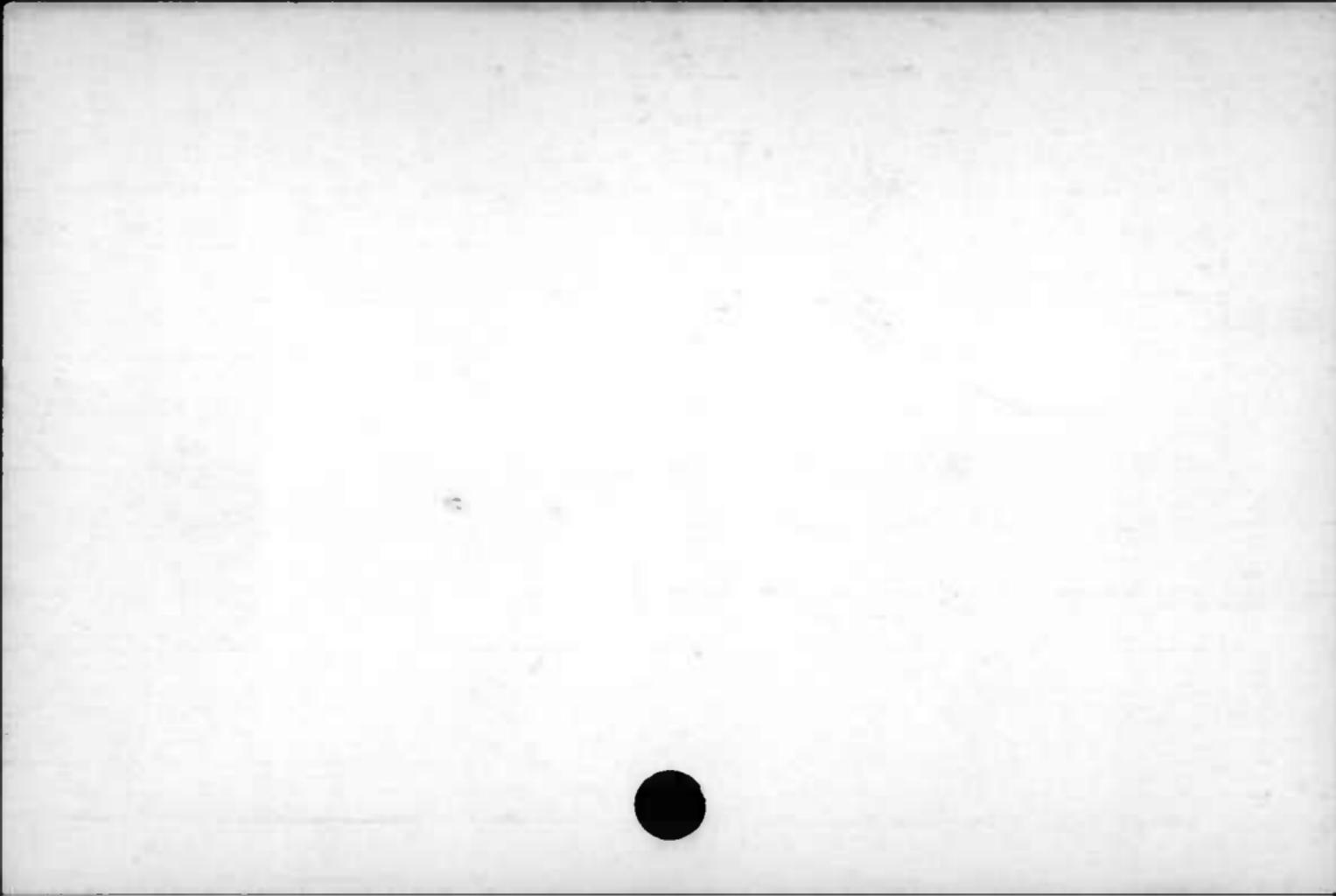
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mar Granite</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death 1905	Month <u>Feb</u>	Day <u>8</u>	Age <u>58</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>St. Mary's Co</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>House wife</u>					
Name of Wife or Husband <u>Laura Henry Walls</u>						
Father's Name <u>Charles Young</u>	Father's Birthplace <u>St. Mary's Co</u>					
Mother's Maiden Name <u>May A. Condraige</u>	Mother's Birthplace "					
Name of person giving information <u>J. H. Walls</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart affection</u>		How long <u>Don't know</u>
Immediate	<u>Heart failure</u>		How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. B. Offutt</u>	Address <u>Granite Md</u>
Accident or Suicide? <u>—</u>			



Name
in
Full

Louisa Spenshalte

CERTIFICATE OF DEATH

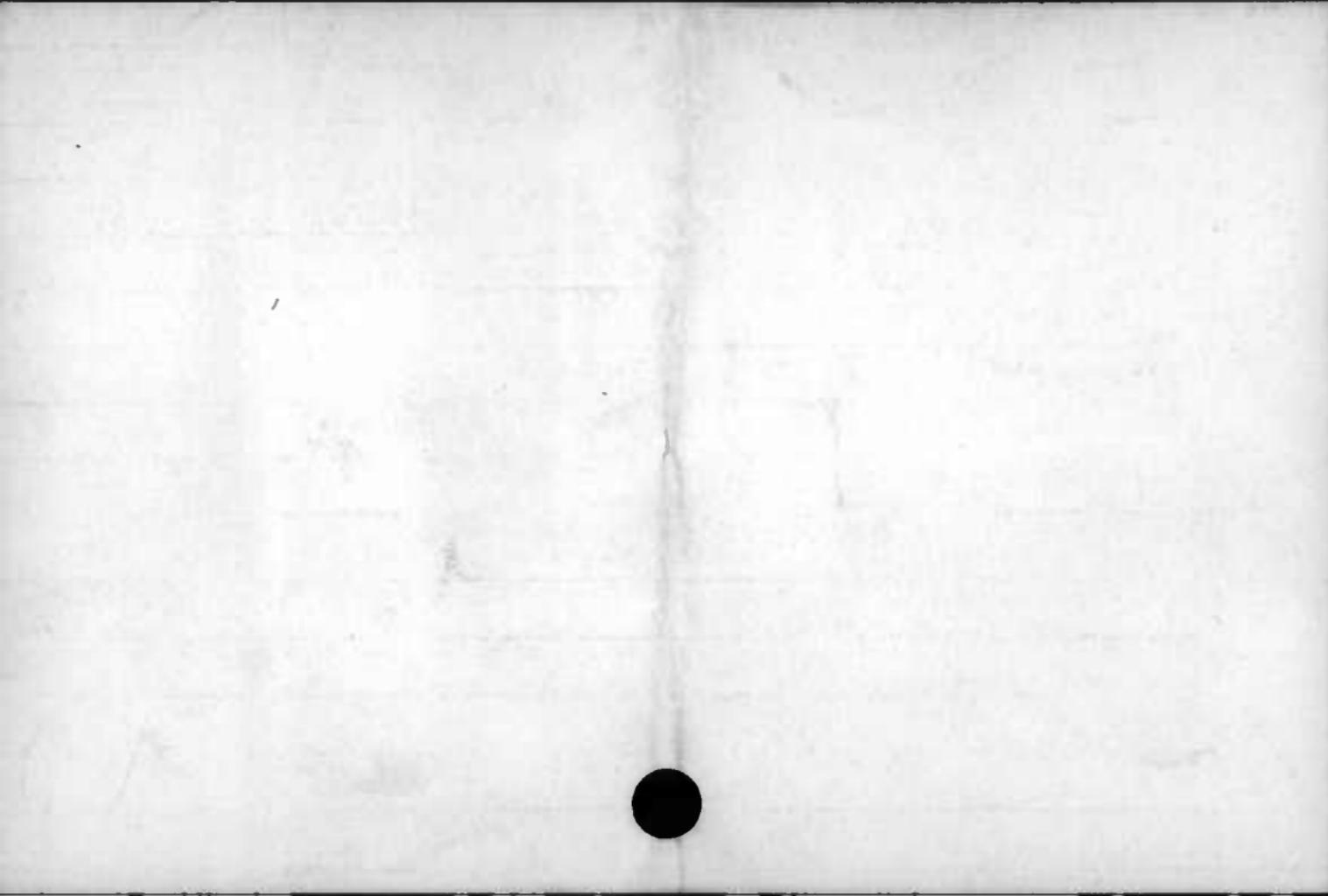
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months
1905	2nd	13.	39.	—
Sex	Female	Color or Race	White	Birth-place
Occupation	Housewife			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Frederick Spenshalte			
Mother's Maiden Name	Gorming			
Name of person giving information	Frederick Spenshalte			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Miscarriage.		How long	Bmo
Immediate	Septicemia		How long	7 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J C Deloofeld	
		Address	1400 Forest St.	
Accident or Suicide	V			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>William F. Miller.</i>				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1905	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place Maryland			
Occupation	Merchant			Where Residing if not at place of death Maryland			
Married, Single or Widowed	Married	Name of Wife or Husband	Jilmina Bumpman				
Father's Name	Joseph M. Miller			Father's Birthplace	Maryland		
Mother's Maiden Name	S. M. Rijsschuiden			Mother's Birthplace	Maryland		
Name of person giving information	W. F. Miller			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Nephritis.</i>			How long	<i>Three years.</i>	
Immediate	<i>Cardiac</i> <i>Edema</i> <i>Exhaust.</i>			How long	<i>Immediate.</i>	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	<i>Wm. F. Rad. M.D.</i>		
			Address	<i>Hanoverville</i>		
Accident or Suicide?						



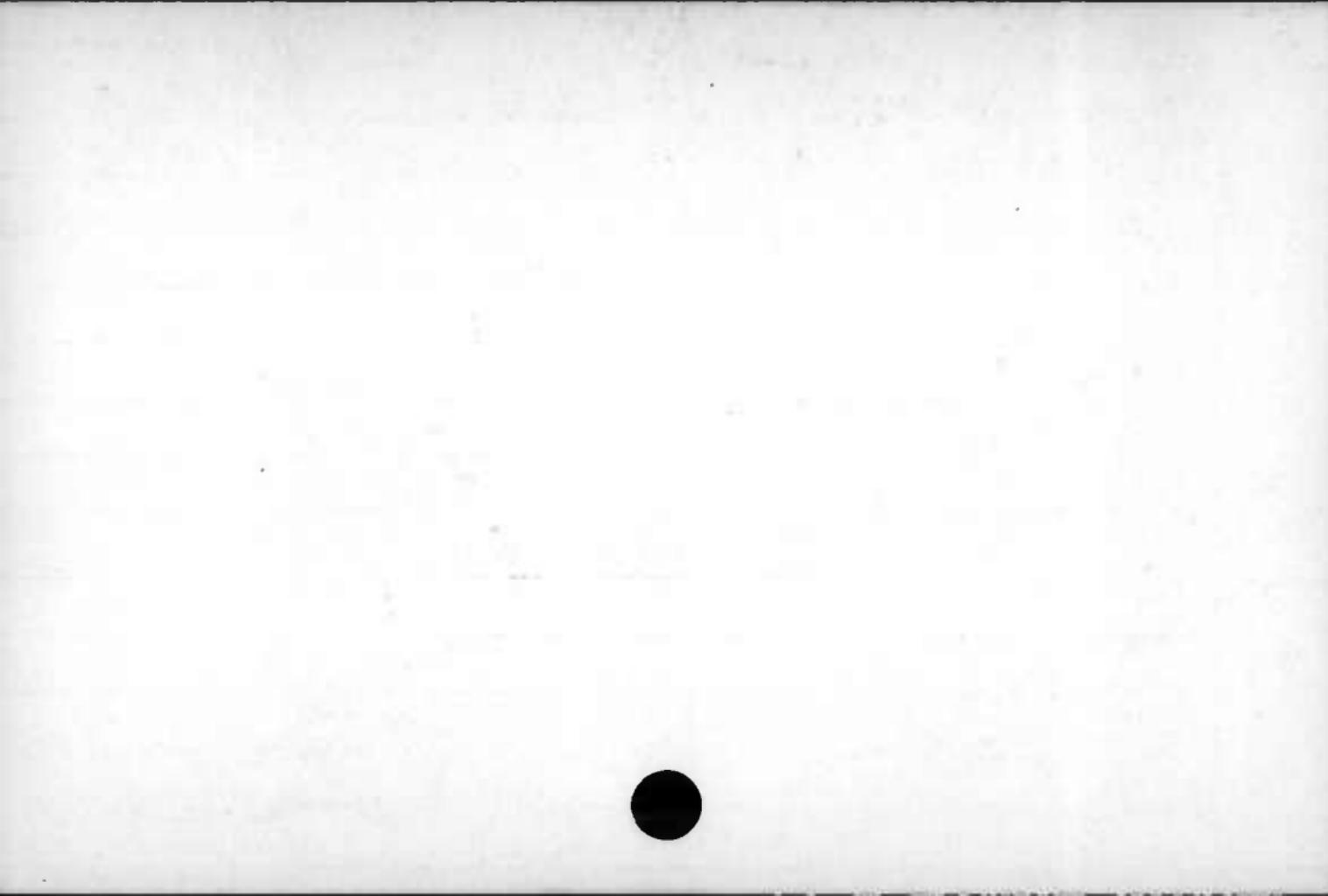
Edward K Welsh

CERTIFICATE OF DEATH

Died at <u>Mt St. Hope Retreat</u>		<u>Town</u>	<u>County</u>	<u>MARYLAND</u>		
<u>Date of death</u>	<u>1905</u>	<u>Month</u>	<u>Feb</u>	<u>Day</u>	<u>2nd</u>	<u>Years</u>
<u>Age</u>			<u>32</u>			
<u>Sex</u>	<u>Male</u>	<u>Race</u>	<u>White</u>	<u>Baltimore Md.</u>	<u>Birth-place</u>	<u>Baltimore Md.</u>
<u>Occupation</u>	<u>Agout</u>		<u>Where Residing if not at place of death</u>			
<u>Married, Single or Widowed</u>	<u>Married</u>	<u>Name of Wife or Husband</u>	<u>unknown</u>			
<u>Father's Name</u>			<u>unknown</u>	<u>Father's Birthplace</u>	<u>"</u>	
<u>Mother's Maiden Name</u>			<u>"</u>	<u>Mother's Birthplace</u>	<u>"</u>	
<u>Name of person giving information</u>	<u>Reeds Mt. St. Hope</u>		<u>How related to deceased</u>	<u>Widow</u>		

CAUSES OF DEATH

<u>Primary</u>	<u>Acute Mania</u>	<u>How long</u>	<u>4 wks</u>
<u>Immediate</u>	<u>Cerebral Hyperaemia</u>	<u>How long</u>	<u>3 or 6 days</u>
<u>Are the name, age, sex, color, date and place correctly given above?</u>		<u>Signature of Physician</u>	<u>Frank J. Flannery</u>
		<u>Address</u>	<u>Mt St. Hope Retreat</u>
<u>Accident or Suicide?</u>		<u>Sub Registrar</u>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant whitmore				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
woodens burg		Barto co					
Date of death	1905	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white	Barto co Md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	walter whitmore				Father's Birthplace	barroll co Md	
Mother's Maiden Name	martha Thompson				Mother's Birthplace	montgomery co	
Name of person giving Information	walter whitmore				How related to deceased	father	

CAUSES OF DEATH

Primary	How long	
Immediate	How long	
Cerebral Congestion 64	2 days.	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	F. H. Esl.	
	Address	
	Reisterstown	
Accident or Suicide?		



Name
in
Full

Elmer Garfield Wilhelm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Freeland P.O.</u>		County <u>Baltimore</u>		MARYLAND			
Date of death 1908	Month <u>Feby.</u>	Day <u>24</u>	Years <u>25</u>	Months <u>3</u>	Days <u>16</u>		
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Clerk.</u>						
Name of Wife or Husband							
Father's Name <u>Eli. F. Wilhelm</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Elizabeth Lowe</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>Elizabeth Wilhelm</u>	How related to deceased <u>Mother</u>						
CAUSES OF DEATH							
Primary	<u>Valvular Disease of Heart</u>		How long <u>3 yrs.</u>				
Immediate	<u>Valvular Disease of Heart</u>		How long <u>Immediate</u>				
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician <u>Joseph H. Baldwin</u>				
		Address <u>Freeland, R.R.D.H.I</u>					
Accident or Suicide?		<u>Baltimore Co.</u>					

PHYSICIAN
OR CORONER



Name
in
Full

William W. Wilson

162
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Feb.	2.	Age 76	—	—	
Sex	Male	Color or Race	White	Birth-place	Balto. Co. Md.	
Occupation	Dentist		Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife & Husband	Lillie Reese, deceased		
Father's Name	Benjamin Wilson		Father's Birthplace	Maryland		
Mother's Maiden Name	Sarah Goodwin		Mother's Birthplace	"		
Name of person giving information	Caleb Wilson		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brachial paresis

How long

Two years

Immediate

Nervous debility

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

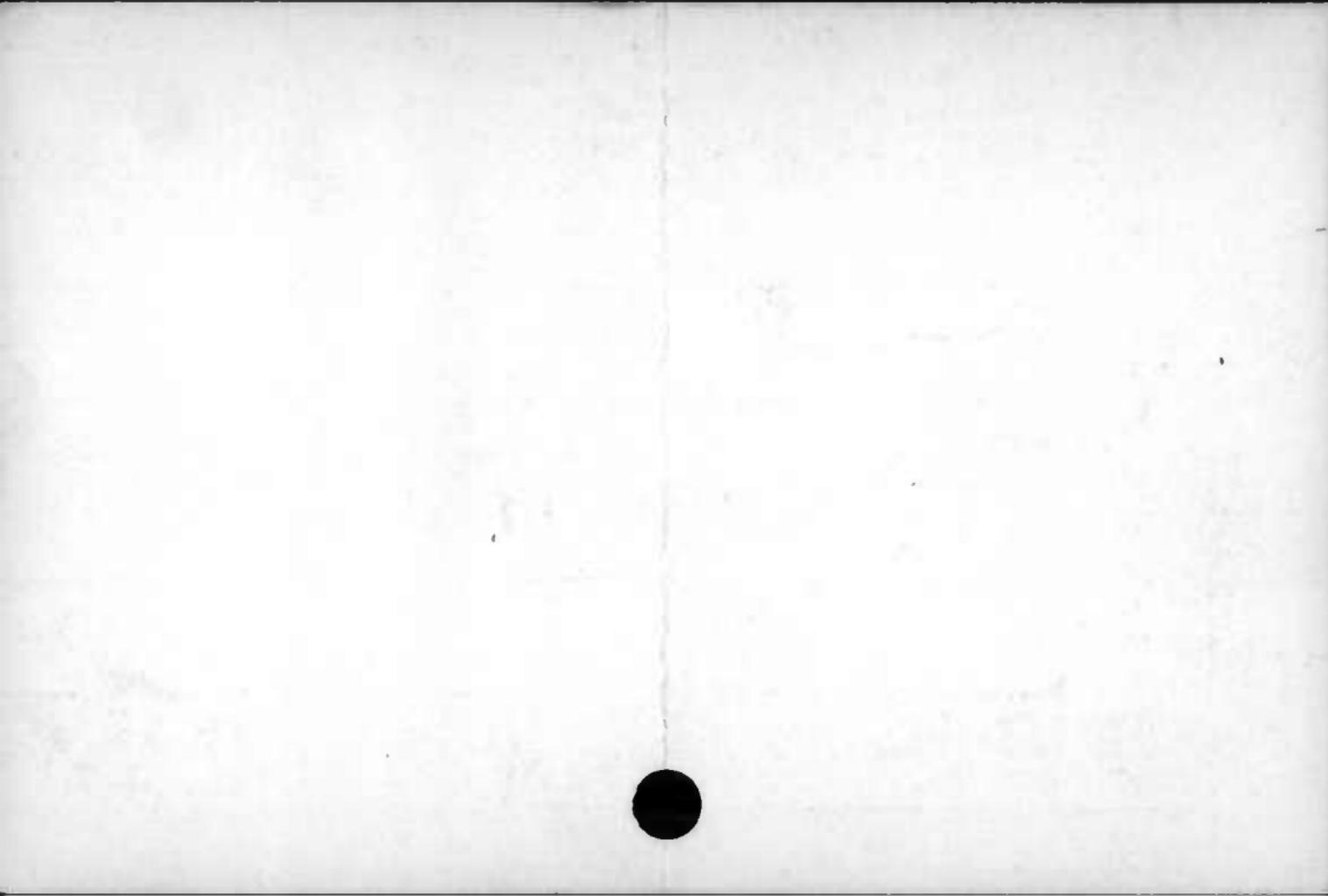
—

Signature of Physician

Address

for Seiner
Gittings
Md.

Accident or Suicide?



Name
in
Full

Katherine Yeakel

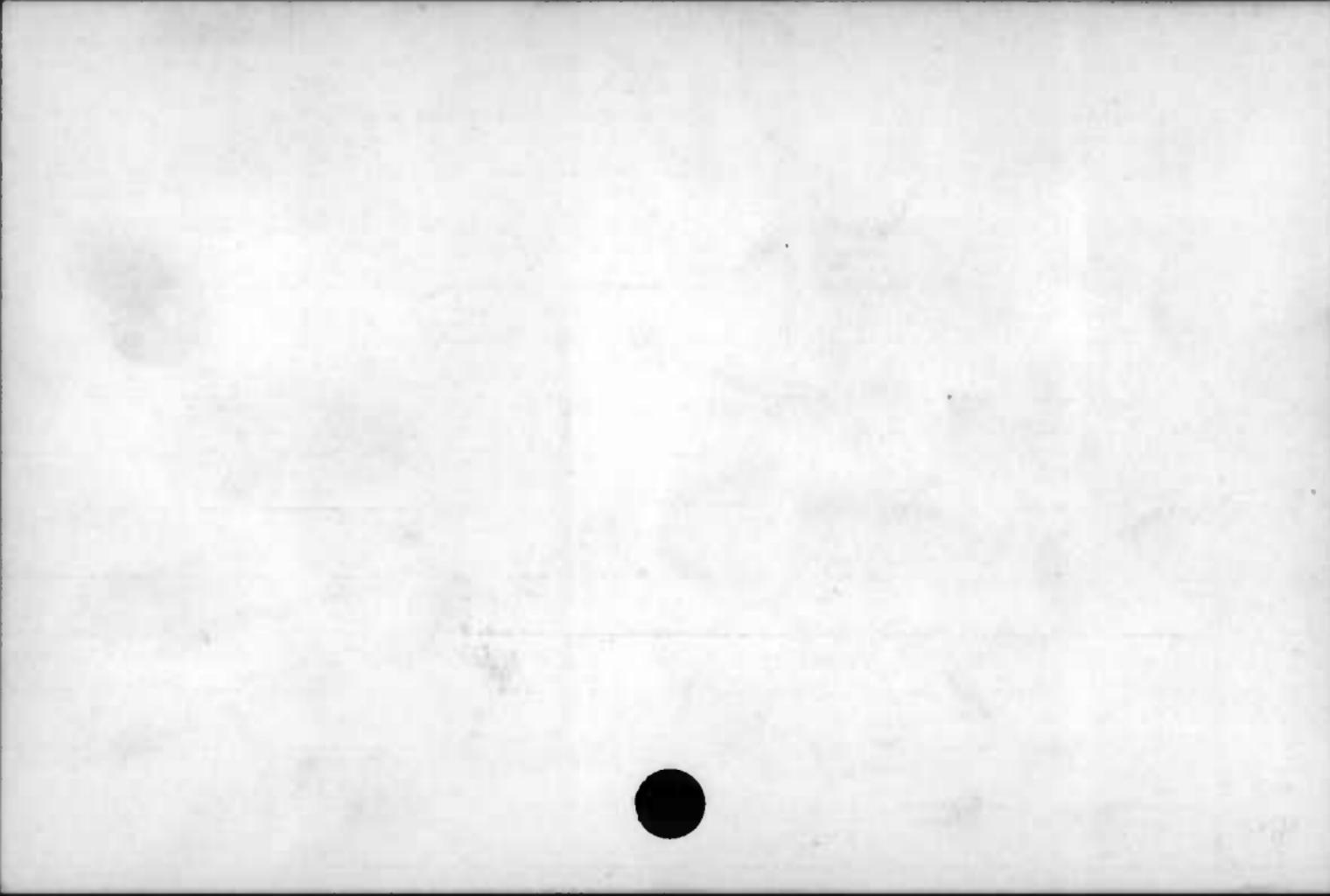
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Feb	12	Age abt 81	—	—	
Sex	Female	Color or Race	White	Birth-place		
Occupation	Housewife		Where Residing If not at place of death	Baltimore -		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown -			
Father's Name	Unknown -		Father's Birthplace	Germany		
Mother's Maiden Name	Unknown		Mother's Birthplace	"		
Name of person giving Information	Reeds, Mrs. Stocker		How related to deceased	Not at all		

CAUSES OF DEATH

Primary	Smile Dementia	How long	abt 5 years
Immediate	Paralysis R. H. exhaustion	How long	one year -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J. Filanney MD
		Address	Most Hope Retreat - Sub Registrar. ✓
Accident or Suicide?			



Name
in
Full

Littie Young
Granite

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Place	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	at place of death			
Father's Name	Alfred Young				
Mother's Maiden Name	not known				
Name of person giving Information	Chas. Hall				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Acute Nephritis

How long

Wm. D. Bupper-
Roslyn
Md.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

